SELF-CONCEPT IN MEN: HOW DOES IT RELATE TO HELP-SEEKING BEHAVIOUR?

Loren J Scott-Lodge

Doctorate in Clinical Psychology

The University of Edinburgh

2000

CONTENTS

LIST OF TABLES **Page**

ACKNOWLEGEMENTS

The author would like to thank Norman Frazer and Ruth Thompson for their supervision and support. She would also like to thank very much the participants who gave their time and thought to the tasks requested of them, and the National Farmers Union for their enthusiastic cooperation. The encouragement given by Carolin Showers and Nancy Pistrang, and the advice and tutelage of Dave Peck, Mick Power, Shelagh Parlane and Floor de Jong was most welcome. In addition, thanks go to Janice Scott-Lodge, Fiona Fielberg, Garve Scott-Lodge and Colin Dunn for their practical help and support, as well as to all those whose tolerance and care were invaluable during the conducting and writing of this study.

In memory of Angus Pern.

"This thesis has been composed by myself and the work contained herein is my own."

Signed:

Loren Scott-Lodge.

ABSTRACT.

Theorists converge on the idea of self-concept as an internal representation of the self, founded on experience and biology. The structural organisation as well as the content of this self knowledge and self sense is implicated in how, or even if we respond to incoming information, and what meanings, feelings and behaviours will result. Certain models of organisation have also been implicated in vulnerability to psychopathology.

The propensity to look for help in the face of a problem has been found to covary with factors such as culture, power differentials, and gender. Men are traditionally seen as less likely to seek help given a problem. Suicide amongst men, by often very violent and lethal methods have risen dramatically in the last two decades of last century, with farmers being most at risk. Young men are the least likely to seek help from health professionals before taking this final step.

This study looks at the way a man organises his self view, and how this relates to his likelihood to seek help for psychological distress. A help seeking questionnaire, coupled with a measure of the organisation of self concept is administered to two groups; one of farmers, and one of men attending an advice centre. It is proposed that farmers will be least likely to seek help, and that those who are least likely to seek help will be more likely to organise their self view in a way that could lead to increased vulnerability to psychopathology. Results and implications for the design and delivery of services are discussed.

CHAPTER 1. INTRODUCTION

Popular belief holds that men are less likely to seek help when they have a problem, and research would support that view, particularly in the area of psychological problems. Some seem so reluctant to ask for assistance that they will resort to the 'ultimate coping method' of suicide without apparently having made any clear attempts to solve their problems by going to another, particularly a professional helper. Rates of alcohol and substance abuse by men outstrip that of women, while interpersonal coping methods are endorsed by more women. Why do men favour solitary or maladaptive methods of coping with their personal problems, and what is it that makes them under use the services available to them?

Some research in counselling psychology has implicated the cultural phenomenon of a 'male gender role' as providing an inhibitor to perceiving distress, expressing distress and seeking help. In order to illuminate the psychological mechanisms underlying this role, the field of self-concept could be invoked. Self-concept research provides ways of mapping both the content and organisation of the way individuals observe, evaluate and accept themselves to be. It also suggests ways in which the function of self-concept provides motivations for enacting or inhibiting behaviours, in particular with reference to needs and goals such as maintaining a stable self-view, and self-esteem. The socialised roles men accommodate and enact in their cultural environment could be said to influence the development of their self-concept, and the self-concept in it's turn could be said to influence the reactions men have to information about themselves that is more or less congruent with their view

of their male role, setting up the 'male gender role conflict' referred to in the literature.

This chapter will outline relevant research in the areas of coping, help-seeking and self-concept literatures, and will detail the proposed hypotheses linking these areas of interest, with reference to vulnerable groups of males.

1.1 Help seeking for psychological distress among men.

That men are more reluctant than women to seek help for psychological distress, or indeed any kind of illness or problem seems to be widely held belief amongst not just general opinion, but also in the opinions of health professionals (Tudiver and Talbot 1999). Epidemiological information on the subject of help seeking for mental health reasons comes mainly from the U.S. (Robbins, Locke and Regier 1991, Kessler, McGonagle, Zhao, Nelson, Hughes, Esheleman, Wittchen and Kendler 1994) with general support from other countries (Bebbington, Marsden and Brewin, 1997, Rabinowitz, Gross and Feldman 1999, Lin, Goering, Offord, Campbell and Boyle 1996). Studies that pay particular attention to the willingness of men to seek help are often concerned with one of two connected interests; firstly, male suicide rates and possible avenues of detection and prevention, (Stark and Matthewson 2000, Pirkis and Burgess 1998, Oates 1994); and secondly, 'male gender role conflict' and its effect upon both men's attitudes to help seeking and vulnerability to depression (for a comprehensive review see Good, Wallace and Borst 1994). The following section will firstly detail relevant research on the available epidemiological information on

men's rates of need for help, and help-seeking attitudes and behaviours, and some of the barriers that may prevent men from seeking help for psychological distress. The next part of the section will discuss the putative connections between male help-seeking and coping behaviours and suicide; and the remainder will outline findings concerning the connections between male help-seeking and coping behaviours, male gender role conflict and psychological distress.

1.11 Epidemiology of help-seeking for psychological distress.

According to the Camberwell Needs for Care Survey, most people in need of professional help for psychological or psychiatric problems do not receive it (Bebbington, Marsden and Brewin 1997). One-year prevalence rates for psychiatric disorders was 12.3% of their sample, and 6.7% of the sample received professional help, the larger proportion of those for overt psychosis and bipolar disorder. Depression and anxiety were less likely to be treated. Unfortunately, this British epidemiological survey was not presented in terms of gender differences in perceiving and seeking mental health assistance. A similar survey by Rabinowitz and his colleagues in Israel noted very similar findings to the Camberwell survey, (Rabinowitz, Gross and Feldman, 1999) and this time detailed gender differences. Using a random telephone survey on a representative population, Rabinowitz et al noted a prevalence of recent perceived need for males of 10.7% and for females of 15.1%. Of these, 31.4% of males, and 41.6% of females had gone for help. Of the males, those with low incomes were most likely to perceive a need for help, and the sources of help in descending order, tended to be mental heath professionals,

followed by family physician and then family, friends or others. This contrasts with other surveys, in that U.S. (Robbins, Locke and Regier 1991), British (Barker, Pistrang, Shapiro and Shaw 1990) and Canadian men (Lin, Goering, Offord, Campbell and Boyle 1996), seem more likely to seek help from spouses first, and, although reluctant to seek help from professionals, favour family physicians if they do. Tudiver and Talbot (1999) suggest that men get most of their support for health concerns from spouses, and often referral to professional helpers is initiated for them by their wives.

Studies looking specifically at help-seeking that are representative of an entire population, especially the British population, are hard to come by. Barker and his colleagues (Barker, Pistrang, Shapiro and Shaw 1990) enlisted the help of the BBC to elicit attitudes to help-seeking and coping from the comprehensive samples that they regularly survey for viewing figures. The survey looked at attitudes to help-seeking for psychological distress from both formal and informal sources, and looked at various ways of coping with distress, including active cognitive ways, active behavioural ways and avoidant ways, incorporating substance abuse. The study was designed to be comparable with help-seeking surveys of other origin, and included a measure of psychological symptoms. Barker et al found gender based differences in choice of coping methods, with men being more likely to cope by engaging in exercise ($p<0.01$), and taking alcohol ($p< 0.001$), and women being more likely to keep busy ($p<0.01$), pray ($p<0.001$) or drink tea and coffee ($p<0.001$). Women were also more likely to seek help from friends ($p<0.001$), and close ($p<0.001$) or other relatives ($p<0.01$) than men. For men, spouse was stated as the help source of choice

(71%), with all other sources endorsed by less than 45% of the male participants. Interestingly, there was no significant difference between the sexes in terms of willingness to seek help from professional helpers, with G.P.s being the preferred source, and comparable to the likelihood of seeking help from a friend from the point of view of males. In addition, Barker and his colleagues found an association between higher levels of psychological distress as measured by their screening tool and the endorsement of more coping methods. Those who scored higher on the screening tools also expressed more readiness to seek help. Unfortunately, these associations were not reported by gender, but since the authors seemed to thoroughly investigate the gender factor it may be assumed that there were no significant gender differences in these findings.

The figures for accessing help in the surveys above are more dramatic when it is pointed out that they are measuring people's *perceived* need of help. It could be argued from these figures that men actually suffer from fewer mental health problems than women do, but perhaps it is less controversial to state that men may perceive the need for help less, or find the expression of this need more difficult than women do. Some support for the latter statement comes from findings that men are more likely than women to present with alcohol and substance abuse, anti-social behaviour problems, and suicide, while women are more likely to present with depression, anxiety disorders and psychotropic abuse (Cleary 1987) and men are more likely to use substance abuse or distraction as a coping strategy than are women, (Barker, Pistrang, Shapiro and Shaw 1990).

[Additional barriers to seeking help that are suggested in these studies include; access problems and rural living, and being a non-native language speaker (Rabinowitz, Gross and Feldman 1999), lack of public awareness of disorders like anxiety and depression, and of their treatablility; and the ability of G.P.s to identify and effectively treat affective disorders (Bebbington, Marsden and Brewin 1997).]

Could there be a link between the comparatively lower rates of help-seeking in men, and the way men regard, and cope with and express their problems?

1.12 Male suicide rates and prior contact with services.

Male suicide rates, (and particularly young male suicide rates) in the western world including Britain have exceeded that of women for some time (Charlton, Kelly, Dunnell, Evans and Jenkins 1993, Hawton 1992). In the Highlands of Scotland where this study takes place, the picture differs in that the higher rates of male suicide not only outstrip most of the rest of the country, but are also not limited to *young* men (Stark and Matthewson 2000, Oates 1994). Stark and Matthewson report rates of suicide amongst men in the three year period of 1996-1998 in the Highlands as being around 35 per 100,000, as opposed to a Scottish national figure of 26 per 100,000. Corresponding rates for women were 9 in the Highlands and 8 nationally. This higher trend has held over the last two decades. The rates of suicide amongst men in the Highlands are high in all age groups from 15 to 74 years, with the highest category being the group 25 to 44 years, at 34.5 per 100,000 over the last 20 years, but overall not dropping below 31 per 100,000 for any age group. Female rates in

the same age range vary from 4 per 100,000 to 16 per 100,000, and are not dramatically different from national figures. However the Highland male rates across age groups do dramatically exceed national figures, even when suicides that take place in the Highlands by non-residents are taken into account. The methods employed by the men who commit suicide in the Highlands are much more irretrievable, i.e. much less survivable than elsewhere; with drowning, car exhausts, and firearms being used more, and hangings, self-poisonings and jumping from high places approaching national figures for males. Occupational groups most at risk are farmers or crofters, followed by healthcare workers and labourers. In recommending better detection training for primary care practitioners Stark and Matthewson point to Pirkiss and Burgess' (1998) findings that 30% to 40% of people who commit suicide visit their G.P. in the three months before death, 20% in the week before death. The flip-side of this finding is that 60% to 80% do not visit a health-care professional, and as Hawton et al (Hawton, Simkin, Malmberg, Fagg and Harriss 1998) noted, symptoms of depression amongst the identified high risk group of farmers he studied in England were often not recognised by either the G.P. or families of the victims.

Recommendations for prevention of suicide, echoed in much of the literature include; public awareness campaigns, although the size and the persistence of the effects of these campaigns have been called into account; and specialist psychiatric training for G.P.s although the provision of resources for this has proven a barrier in itself (Bebbington, Marsden and Brewin 1997, Stark and Mattewson 2000). Additional recommendations with relevance to the Highlands of Scotland include the provision of information to the farming community; the ensuring of confidentiality

procedures and promotion of routes to help for health-care workers; and unspecified measures to reduce stigma (Stark and Mattewson 2000).

1.13 The male gender role and its putative detrimental effects.

Given that men are less likely to seek help, are more likely to engage in dubious coping strategies, and are much more likely to commit suicide (often without giving recognisable warning signs to professional helpers, and perhaps even their own families) what does this suggest about what it is to be male in the western world?

American counselling psychology research has begun to investigate a concept defined variously as the 'masculine gender role', 'attitudes toward the male role', the 'conception of masculinity' or the 'male ideology' (Good, Borst and Wallace 1994). Good and colleagues define this as socio-psychological male characteristics distinct from biologically based maleness that reflect;

> *"the individual's degree of endorsement and internalization* (sic) *of cultural belief systems about masculinity and the masculine gender role."* Page 3

Theories and models of the male gender role (Brannon 1976, O'Neil 1987) agree that men are socialised towards three distinct behaviours:

- Instrumentality: meaning to strive for independence and competitive achievement.
- Interpersonal dominance: meaning to avoid female or homosexual associated characteristics.

- Rationality: meaning to restrict or suppress emotional expression, except anger and aggression.

Power or dominance over colleagues, and competition has been shown to be instrumental in explaining reluctance to help-seek in organisational settings. Lee (1997) using the example of the flawed Hubble telescope in her review of help-seeking in organisations pointed out that factors which account for the errors in the mirror not being detected were not connected with the lack of available expertise. The company constructing the mirror appointed an expert consultant to advise the crew who produced it, but the crew never consulted him, and even went as far as locking the doors when he approached along the corridor. Lee concludes that the costs of admitting a gap in competence and dependence on another outweigh the benefits of seeking help (gaining new skills and new interpersonal alliance) in organisational situations, particularly for men, and particularly when a power differential is present. It seems that the company made the mistake of appointing someone with a higher niche in the hierarchy to advise the all male technical crew.

The extent to which men internalise these socialised standards, the pressure which is brought to bear socially, and personally for men to attain them, and the discrepancy between their behaviour and the standards are the combined factors which are proposed to produce stress in the individual resulting in 'male gender role conflict' (MGRC). In other words, to meet the social ideals one has espoused of success, independence, toughness, and rationality is to gain social acceptance and admiration, but at the same time, it may lead to interpersonal isolation, and fear of admitting

when one has a problem, or of enlisting and utilizing help, due to the pressure of maintaining one's position. To fail to meet the ideals, to exhibit dependence, to betray one's emotions, to be a 'sissy' (Brannon and Juni 1984) may lead to problems of low social acceptance and low self-esteem. Internalisation of male gender roles may even account for cognitive differences between men and women. There is some evidence from other fields that boys are taught to interpret and react to their own symptoms and illness differently than girls (Mechanic 1974) and that men are less likely than women to interpret distress as a sign of an emotional problem (Kessler, Brown and Broman 1981).

As Good and Wood (1995) discuss, measures of internalisation of male gender roles, and of conflict stress or MGRC, have been compared in the literature, and the ones looking specifically at MGRC were evaluated as the best predictor of subsequent behaviours. However, it can be argued that being agreement scales of self-statements with items like 'I have difficulty telling others I care about them' (O'Neil, Helms, Gable, David and Wrightsman 1986) there may well be a construct overlap, rather than a distinct factor at play.

Whatever the methodological or construct arguments, scales like these have been found to correlate with mental health problems (David and Walsh 1988, Sharpe and Heppner 1991, Good and Mintz 1990, Good and Wood 1993,) and with both depression and attitudes to help-seeking (Good and Wood 1995).

Good and his colleagues (Good, Dell and Mintz 1989, Good and Wood 1995) found that MGRC levels predicted help-seeking behaviours for psychological distress. In the 1995 study, they linked the findings about increased risk of distress and lessened

likelihood to seek help, by investigating the link of MGRC to both of these variables together. They found that MGRC and depression accounted for 25% of the overall variability in attitudes to help-seeking. However, they also found that MGRC was best modelled as two latent variables rather than one: i.e. a restriction related variable, related to limits placed on both emotional expressiveness and male friendships; and an achievement related variable related to the drive for achievement and the degree of comparisons made. The restriction related variable was related to 24.9% of the variance in attitudes to help-seeking, but not depression; whereas the achievement related variable accounted for 21.4% of the variance in depression, but not help-seeking. So, if an individual is achievement oriented, but is able to express himself emotionally, he may get depressed, but is comparatively more able to seek help. If an individual scores highly on both variables then he is more likely to become depressed, and less likely to seek help, therefore facing a situation in which he finds himself in 'double jeopardy' as Good and Wood put it.

Limitations to this and other studies are that subjects were mostly convenience samples of white middle-class university students. The field is still fairly young, and there is limited evidence as to the construct validity of MGRC, and even less with other populations and cultures.

As a concept, however, it does raise relevant questions connecting the difficulties facing men in terms of their ability to recognise and communicate their problems, and to seek appropriate help, with the issue of the way they develop their view of themselves. There may be many factors besides MGRC that cause a man to become psychologically distressed, but what prevents men in such comparatively large

proportions from seeking help? This theoretical orientation would argue that he is protecting himself against an additional negatively evaluative view, that of being seen to be weak, or less 'male'. The view of the self, and others evaluations of it may be a very potent one in terms of directing behaviours. The next section will outline the theoretical basis for investigating the self-view, or self-concept.

1.2 Theoretical background. Definitions of the self-concept, and a summary of relevant research.

This section will firstly draw together the definitions of self-concept, outlining the different theoretical approaches towards the topic. The history of relevant psychological research concerning the self will then be reprised. A discussion of research into the way the self-concept may be organised will follow, and the specific model and method used in this study will be detailed.

1.21 Definitions of the self-concept.

The literature, which refers to self-concept covers a very wide area, and as Marsh (1990) points out in his review, the study of self-concept is handicapped by the lack of a clear theoretical definition. A review of the literature shows studies covering topics such as self-esteem (Segal et al 1970), academic ability (Sharma 1971), individualism versus collectivism (Watkins et al 1998), and personality (Wylie 1979) being referred to as being in the domain of self-concept.

The term self-concept was first introduced by Carl Rogers (1959) and referred to a belief system:

'The organised, consistent gestalt composed of the characteristics of the "I" or "me" and the perceptions of the relationships of the "I" or "me" to others and to various aspects of life, together with the values attached to these perceptions.'

In R. Harre (1983) page77.

This definition implies that the self-concept consists not only of the knowledge an individual has about himself, garnered through social and other experiences, but moreover, the attitude the individual takes towards this knowledge.

This has given rise to several lines of inquiry. Firstly, how does the individual gather the knowledge he holds about himself? Then, how is this knowledge stored, and organised? And also, does this knowledge influence the individual's behaviour, and if so, in what way?

1.22 The History of Self-Concept

Early theorising about the self (e.g. James 1890, Baldwin 1897) gave rise to the Symbolic-Interactionist (S.I.) point of view, which described a phenomenon very like the self-concept, and called it the 'looking-glass self' (Cooley 1902). Cooley is generally credited with this term, and seems to mean that we build up knowledge about ourselves by reflecting, over repeated experience, our perceptions of how others see us. These perceptions require that we can imagine how we appear to

another, that we can imagine what the other's attitude to our appearance is, and that we experience an associated affective response of ourselves, like 'pride, or mortification'. The viewpoint of others is more likely to influence one's self-view the more important the other person is perceived as being to the self. Further development of this theory by Mead in 1934 proposes that any experience of the self comes indirectly, via the viewpoints of these socially relevant others, or indeed from the viewpoints of the general socio-cultural group to which one belongs. He also insists that this self-knowledge depends upon the medium of language. And the knowledge that is acquired provides us with a predictive sense of how our behaviour may affect others. This acquired self-view through socialisation Mead refers to as the 'generalised other' or the 'me that I am aware of'; the 'I' that he refers to is essentially out of our awareness, but does have the executive function of directing the 'me', which is the reflected identity. The 'I' is not accessible, since it has become, via our interactions, history, or the 'me', before we are aware of it. The rise of behaviourism limited the development of this and other self theories for some time, but resurgence of interest in internal psychological processes has generated interesting discussions about the S.I. view of the self.

Problems with the S.I. model arise from the insistence that language, and interaction with others, are essential for the development of self-concept. The inaccessibility of accounts of the sense of self from beings without language, and the very few instances of humans surviving from birth without human contact (e.g. McLean 1979) make these issues difficult to challenge. Chimpanzees, (Gallup 1970) and pre-verbal infants of around 15 months (Lewis & Brooks 1975) manifest behaviours that

indicate some level of self awareness when presented with their reflection in a mirror, but as Harre (1983) points out, having an experience of the self as separate from others cannot be taken to mean that one has theories about the self in relation to others. The criticism that people gather the most information about the self from others has been investigated by Shrauger and Schoenman (1979). If interactions, or perceptions of interactions are essential for developing a self-concept, then the way we see ourselves should match pretty well with the way others see us. In their review they looked at the correlation between the individual's self view, others' view of this individual, and the individual's prediction of others' view of the individual, and found only weak relationships, a finding which undermines the part of the theory insisting upon social interactions for developing self-concept. However, Marsh et al (Marsh, Barnes and Hocevar 1985) looked at the last part of the possible permutation, i.e. the relationship between how one sees oneself, and how others would predict one sees oneself, and found high correlations. An interesting question arising from these comparisons is; which view of the individual is the most accurate? As Snyder (1974) points out, the personality attributed to a person by himself, and by another, is the result of an implicit negotiation between the self and other, involving expectations on both sides that gradually refine to a mutually congruent impression between those two people, albeit the very public impression of the self in relation to that specific other. Although Symbolic-Interactionists pay less attention to this, other information is available to the individual in the form of memories, and internal physiological and affective states, and access to this information may not be available or conveyable via verbally expressed pathways.

The anti-introspectionist view in self-related research suggests that individuals do not need to mediate information about the self through others, and also questions the adequacy of direct self-report to access the knowledge of the self. Nisbett and Wilson in the development of their Attribution Theory (Nisbett and Wilson 1977) point out that retrospective explanation of the causes of behaviour are prone to bias due to being based on a-priori causal theories, i.e. people's beliefs about why it happened, rather than other's responses, or indeed, rather than a systematic analysis of what actually happened, the latter being more likely to be accurate. This raises the question of what self-report about the self can access, and also undermines the view that the self is based on purely verbal, socio-discursive information. Self-perception theory (Bem 1967, 1972) and Objective Self-Awareness theory (Duval and Wicklund 1972) dispute the need for social elements in the development of self-knowledge, giving as much weight to the individual's observations of his own behaviours in a given set of circumstances, and positing that active appraisal naturally occurs for the object of the self as much as for any other object.

Up until the late 1970's, research which specifically concerned self-concept tended to regard it as a unitary and enduring aspect of personality. In her overview of self-concept theory and research, Ruth Wylie (Wylie 1979) defined her terms for self-concept as including (a) cognitions and evaluations in relatively specific aspects of the self like math ability, or gender identity; (b) the ideal self and phenomenological goals; and (c) overall self-regard, i.e. self-esteem. The assumptions inherent in this approach to self-concept generated research which investigated links between self-esteem and socio-economic status (Segal, Segal and Knoke 1970), racial or ethnic

status (Pushkin and Veness 1973), achievement (Sharma 1971) and other generalised social phenomena. Empirically, the methodology was relatively unsophisticated, with for example items like "Do you often, sometimes or never ask yourself 'who am I really?'" in a study on personal identity and age (Turner 1975). Wylie points out that in research on these and related topics there was a widespread occurrence of null or weak findings, especially with self-esteem as the dependent variable.

With the advent and development of information-processing theories in psychology, more revealing and empirically sound methods for investigating self representations began to evolve, and the view of self-concept became one of a much more complex, dynamic and malleable entity. Thus, recent research has concentrated less upon the idea that self-concept can be investigated using global self-worth, concentrating on the content of the individual's self-view. Rather, in the last two decades research has centred upon the internal representations and organisation of self-concept in an effort to explain how it mediates experiences, and influences mood, motivations and behaviour.

1.23 The Organisation of Self-Concept

From an information-processing point of view of self-concept, information concerning the self is actively sought by the individual, who then operates on this information and adjusts behaviour according to some accumulative internal representation of this knowledge. The individual is biologically pre-disposed as an information seeker, and an imposer of meanings upon the world. In order to understand the individual's response to a piece of information, or a stimulus, we need

to develop an adequate model of what operations occur between input and output. The information-processing model posits internal representations as schemata, maps or nodes in memory. The information is processed in a 'top down' manner, meaning it links existing mental representations to selected information to make interpretations and predictions about the world, and in a 'bottom up' manner, meaning that it filters and organises data, and accommodates it into the evolving representation in memory (Neisser 1976, Rummelhart and Norman 1978). Should these internal structures exist, then individuals ought to be able to make inferences from scant but personally relevant information, and be able to quickly streamline and interpret complex sequences of events, to understand intentions and feelings, and identify likely or appropriate behaviours beyond the currently available information. Investigations of the posited internal structures have given rise to empirically testable measures such as recognition, recall, and response latency.

Using the principles of information processing, it is fair to hypothesise that the development and function of self-concept produces a multidimensional and dynamic structure which provides reference points to make sense of ourselves and our world and guide behaviour accordingly, and is capable of flexibility and evolution. Recent theorists have set about investigating these hypotheses; (e.g.Markus 1977, Markus and Wurf 1986, Kihlstrom and Cantor 1984, Marsh 1993, Greenwald and Banaji 1995) and self-concept theory has evolved accordingly. The internal representations have been modelled as a hierarchy, (Rogers 1981, Kihlstrom and Cantor 1984) as a multidimensional meaning space (Greenwald and Pratkanis 1984) and, most

comprehensively, as a system of self-schemata that is both process and structure (Markus and Sentis 1982)

The investigation of self-concept's form and function as self-schemata is most relevant to this study. The work of Markus and her colleagues has generated detail about self-concept in relation to the way its organisation influences affect, motivation, and behaviours. The model is presented below.

1.24 Markus' model of the organisation of self-concept, and its empirical bases.

Markus refers to the self-concept as a 'multifaceted, multidimensional' entity. She goes on to explain what this means: Firstly, typical information about the self, or 'self-aspects' including outcomes of responses to sets of stimuli are accommodated and assimilated into organisational structures called schema. As experience accumulates, the number of self-aspects, and the interconnection between them grows. The structures become more elaborate, and more efficient, with some cost to flexibility. Because an individual's behaviour is so diverse, the structure of self-concept is likely to be a very complex shifting one. To clarify the nature of the term 'multi-faceted', at any one time, relevant and interconnected aspects of the self in relation to the world will be selected depending on their availability and accessibility, in response to a matching process with incoming information, and with the current motives of the individual. The activated schema will then provide the individual with a set of scripts, standards, plans or incentives from the combination of selected

available knowledge from the environment, and self-knowledge from the internal world. Markus calls this currently activated facet of the self-concept the 'working self'.

The posited 'multidimensional' nature of self-concept arises from the following question; how are the self-aspect data categorised so that the incoming information is classified for personal relevance, and made the best use of? Most modern theorists see self-concept's representations as being stored in varying dimensions, or forms of categorisation of information, each of which plays a different role in guiding behaviour.

- The representations may be stored as more or less important, or central to the person, with the more important ones likely to be chronically accessible.
- Representations may be stored in a more or less elaborated form, with the more important being the more elaborate; and therefore the more influential on mood, motivation and behaviour.
- They may be stored as a view of the actual, ideal or feared self. This may have a function of giving incentives for behaviour, and evaluating behaviours as measured against the idealised view.
- They may be stored in a verbally accessible or inaccessible form, possibly depending on the perceptual mode in which they were registered, or on the level of complexity of the schema.
- They may be categorised according to their evaluative valence, i.e. the individual's perception of the positivity or negativity of that part of himself. And

this, depending on the relative importance of that part of the self may have implications upon mood, self-esteem, accessibility of aspects, and on subsequent motivations and behaviours.

Essentially, as information comes in, it is matched against similar nodes, or aspects of the self, which may be organised according to different categorical dimensions. The matching process evokes memories, images and items of self-relevant knowledge. The information is preferentially selected according to its match in terms of content, its accuracy, its centrality to the self, and its evaluative valence; and is linked to groups of similar information. The information may come in verbal or non-verbal forms, and may be consciously or unconsciously accessible, and may be generated from intra or inter-personal sources, or the wider environment. Once registered and processed, the working self-concept of linked groups of information, or self-schema are activated, and add to the input to form feelings, judgements and ideas about the personal meaning of both the situation and evaluations of one's performance in the situation, and guidelines are generated for action. In addition, the information, and our response to it will determine how significantly it will add to, alter or reinforce our self-concept.

There is evidence from dichotic listening tasks that people are particularly sensitive to information about the self (Bargh 1982). If it is true that information is selected on the basis of the frequency of nodes of the same type, and the generalisability of this content, then self-congruent information should be more rapidly processed, recalled and recognised than non self-congruent information. Markus (1977)

recorded response latencies in judgements on the self-descriptiveness of traits, and asked people to supply self descriptive evidence for these self-judgements, and found that people who organise their self-concepts in terms of 'dependence/independence' as one of their dimensions were considerably faster in identifying those traits that were characteristic of this dimension, and that those who did not endorse this particular dimension showed no difference in classifying these traits as opposed to others. Bower and Gilligan (1979) found that self-relevant stimuli show enhanced recall and recognition, whether processed at a semantic or episodic level in memory. These are relatively robust findings, being supported in subsequent literature. Markus (1977) also noted that people are resistant to information that is incongruent with their self-structure, and has proposed that the self-concept serves the function of regulating affect, and protecting the individual from threats to the consistency of their self-view. In turn, Markus and Wurf 1986) propose that affective response is the major factor that promotes change in self-concept, and Power (1991) has suggested that affective response is the tributary for the channels of the self-concept that develop from birth.

1.25 Behaviour, motivations and affect; and self-concept.

For the purposes of this study, the way that behaviour is shaped by the evaluations of the self is most interesting. Self-regulation theorists (Bandura 1978, Carver and Schier 1982) have developed a theme of a cycle of self regulation, where one observes one's behaviour, compares it to a standard, and attempts to reduce discrepancies between the two. Provided the gap is not too large, and the standards

are important enough, behaviour aimed at achieving this goal will result. Similarly, Markus (Markus and Nurius 1986) has proposed that motivation is engendered by evaluations of how well the self is performing, not just against the 'ideal self', but also against a 'feared self', or what we are motivated to avoid. In this way we aspire to an ideal, or even an 'ought' self, and we avoid behaviours that would evoke the image of the self we are afraid we may really be, or become. What shapes the coping behaviours, and the reluctance to exhibit help-seeking behaviours that some men exhibit, according to this view? Perhaps some men see themselves ideally as 'a real man' and aspire towards it, and avoid, or protect themselves from evidence that shows the feared self as being needful, or under-achieving.

In a similar vein, does a person deliberately protect the stability of self-conceptions by discounting information that they see as being negative, or a 'bad' trait? Self-evaluations that are negative produce an affective response. Greenwald and Pratkanis (1984) theorise that affect is the primary basis for the selection and organisation of self-representations, and that the maintenance of self-structure is the key to a stable affective state. Evidence on this issue is mixed. In their review, Tesser and Campbell, (1984) formed the impression that individuals way of processing negative information tends towards external attributions, and failure to select the negative input, and others (Markus and Kunda, 1986, Swann 1985) suggest that people recruit into working self-concept positive information when presented with negative input, indulge in strategies to lessen the impact, or reduce self-awareness like using alcohol (Hull and Young 1983), and seek out others who reaffirm the positive self-view of the individual. In addition, Tesser and Campbell suggest that people are motivated to

maintain the status quo in their positive views of themselves, and will present as their core self-conceptions the areas they are best at. Generally, people have been found to have a positive bias in the memories they select about themselves, in the self-aspects they activate when comparing themselves to others, and in the way they construe their futures. In their review, Markus and Wurf (1987) propose that individuals react to threatening, or negatively evaluated information by using protective strategies that involve a lot of work in terms of trying to integrate the information in a damage limitation way, rather than by flat out denial. Clearly, though, if self-concept is a dynamic and flexible structure, capable of change, as Markus claims, then disconfirmatory or negative feedback, while painful, must to some extent be taken on board. Otherwise the self-concept would be purely a process of reinforcement, becoming less and less flexible.

Stein (1994) disputes the idea of the self as an immutable cognitive structure, saying that people need to be able to utilize feedback to maintain a realistic and functional view of themselves. Following from the findings of Linville (1987), who found that level of complexity is associated with mood changes following disconfirmatory feedback, she hypothesised that people with more complex self-schemata, i.e. the systems with the greatest number of distinct or independent attributes, not hide-bound by rigid interconnections, will incorporate negative feedback, unlike those individuals who have less information in more categorical form in their self-schemata. After a bogus intelligence test, response latencies on a self-descriptive card-sort task were longer for the high complexity group on traits of intelligence than for the low complexity group, where feedback was negative. She proposes that it is

those individuals with smaller and less diverse arrays of information that can be activated in the processing of new information who have the higher degree of inflexibility and intolerance of negative feedback, unlike those with more complex self-schema whose increased response latencies she took to indicate the need for more processing due to taking into account new information.

It would seem that people vary in terms of the amount of information, they hold in their self-concepts and the rigidity of the categorisations they make of the information, thus making variations in the amount and type of information that can be activated and function in self-concept. Do those who tend to organise self-conceptions according to categories of positivity or negativity react differently to negative information, by inhibiting subsequent behaviours that they would evaluate negatively? Beck (1967) sees negative self-evaluations as being central to the cognitive state of depressed individuals. Biases like 'all or nothing' thinking suggest a state-related limitation in the individual's ability to activate self-conceptions out with the positive-negative dimension, or a chronic activation of the negatively organised items in self-knowledge. Power (1991) ties the concept of possible selves in to this chronic negative activation, suggesting that a depressed person is dominated by the negative self, and when recovered, the positive self once more becomes the dominant way of thinking. This would suggest that the strategies mentioned earlier which people use to protect themselves from negative input break down temporarily, and would be in line with the notion that depressed people may in some ways hold a more realistic view of the world.

Showers (1992) suggests that organisation of self concept along a positive-negative dimension varies from person to person. In Showers' model, people tend to organise their self-knowledge in one of two evaluatively compartmentalised ways, or an evaluatively integrated way. Those whose self-concept is not organised especially according to valence, i.e. evaluative integration, ought to be able to process incoming negative information without it necessarily activating a whole host of negative attributes, and therefore ought to experience a lesser impact on their mood, motivations and behaviours. In the case of those who evaluatively compartmentalise their self-knowledge, the impact of the incoming negative information would depend on how much negative or positive self-knowledge dominates the system. If the individual can access mainly negative self-knowledge, then the impact would be severe, activating many other pieces of negative information. If the individual accesses mainly positive knowledge about themselves, then the information is more likely to be discounted, and there would arguably be little or no impact. Thus, Showers proposes that there would be a curvilinear relationship between the three types of organisation of self-concept. Showers qualifies these assertions by referring to the importance, or centrality of the self-schema in question, following from the findings of Pelham and Swann (1989), who found that importance ratings are taken into account for each domain, the predictive power of the effect of evaluations is increased. The more important the negative self-schema is, the greater the impact upon the self-view. If one feels predominantly negative in attitude to something that is not seen to be a core part of the self, then additional negative information will have a smaller effect on mood and behaviour.

In her three studies, (Showers 1992a, 1992b) she investigated the proposed relationship between organisational style (positively compartmentalised, negatively compartmentalised, and integrated organisation of self-concept), self-esteem and depression. She hypothesised that a positive compartmentalisation style will be associated with lower depression and higher self-esteem scores, and a negatively compartmentalised style with higher depression, and lower self-esteem scores. Those who do not express their self-concepts in an evaluatively compartmentalised fashion would score between these two groups. The first of her studies used a random sample, and found the expected associations for the positively compartmentalised style, and the integrated style. The negatively compartmentalised style yielded results that were no different in self-esteem or depression levels than the integrated style, and Showers points out that in a random population, where psychopathology was not expected, then this finding may not be surprising. To investigate the effects of negative compartmentalisation on self-esteem and depression, Showers carried out her following studies using groups of people prone to depression, as well as normal controls, and found the expected curvilinear relationship between all variables. Showers used a card-sort technique which allowed participants to generate their own self-concept domains, rather than imposing domains upon them. Refinements to the idiographic tool she used to measure the participants self-concept yielded a greater effect.

In line with the idea of self-schema being both a process and a structure, Showers concludes that style of compartmentalisation may be both a cause and consequence of global self-views or mood state. Extreme mood states will influence how

accessible similarly valenced information is to the working self-concept, and may strengthen the links between items of evaluative information making the valence more salient at that particular time. So, to draw on research quoted earlier, someone who is depressed would access more negative self-knowledge, and this negative self-knowledge would in turn interact with evaluation of the self, leading to motivations for behaviours where discrepancies are not too large. This tension, where not broken by unbridgeable gaps, would promote perpetuation of male type behaviour (like restriction of emotion), even when this behaviour is causing the negative self-view.

In terms of men, their coping and help-seeking styles, and their self-view, it could be suggested that those men who view their self-concepts in a compartmentalised fashion, particularly the self-concepts related to their male role, would be motivated to protect themselves from further negative information if the role is important to them, and if they are failing to achieve or maintain the standards inherent in it, by not behaving in a way that is incongruent to it. Similarly, they may be motivated to behave in ways that is congruent with the ideal self of the traditional male role, and to cope in ways that preclude seeking direct support, and are seen as more acceptable for men, like self-medicating through alcohol abuse, or using exercise and distraction.

1.3 Summary of the research, and some limitations.

Current self-concept theory presents us with some evidence that we are motivated to avoid feared outcomes and aspire to desired outcomes in terms of our sense of self. Self-concept is seen it as an active, multifaceted, multidimensional entity which is both a process and a structure. It functions to select, interpret and evaluate self-related experience, and regulates motivations, actions and affect. It provides a sense of meaning and continuity of the self, and guidance for actions and attitudes. Idiomatic measures have been developed to provide access to data on both organisation and content of self-concept. Although there are studies looking at specific self-concept domains (like maths ability) and gender, little information is available about gender specific issues and the organisation of self-concept.

Literature on the male gender role suggests that men are more or less socialised to aspire to traditional male roles, and that these roles are very difficult standards to meet, resulting in 'masculine gender role conflict', (MGRC). MGRC has been shown to be related to anxiety, depression and low self-esteem. Since part of the socialised male standards (i.e. restriction related variables; Good and Wood 1995) preclude dependence or emotional expression, recognising or expressing the stress of unattainable roles is discouraged, and this may compound the difficulty. Although the relation of help-seeking to MGRC has been investigated, methodological questions about the use of self-report the construct validity of MGRC have been raised.

Epidemiological studies suggest that many people are reluctant to seek help when they experience psychological distress. Research suggests that men are less likely than most to go to others for help, including their friends, and that they are more likely to engage in substance abuse, aggressive or antisocial behaviour and to commit suicide. Measures of help seeking behaviours are largely attitudinal in basis, and depend on people's perception of themselves as in need of help. Few studies provide representative British sample populations, although figures for a British population are provided by Barker et al (Barker, Pistrang, Shapiro and Shaw 1990).

1.4 Main aims and hypotheses of the present study.

This study aims to further develop our understanding the male population's behaviours when they suffer form psychological distress by investigating the relationship between men's attitudes to seeking help, the number and type of coping strategies they would endorse, and the way they organise their self-concept. If, as research into masculine gender role issues suggests, the standards men have set themselves both exert a strain which makes them vulnerable to psychological distress and inhibit them from seeking help from others, or caring for themselves by coping well, then this may be apparent in the way men report their self-knowledge. Men who describe themselves in an evaluative fashion could be said to be comparing themselves with internalised and socialised norms, of which the gender role is one. Negative evaluation would suggest that men are not attaining their standards, and, when this standard is the male role, they are limited in the extent that they can express or perhaps even consciously sense this. Men's increased risk of suicide may

also be linked with their perceived short-fall in attaining these norms, and the limits that socialisation places on other coping strategies. Farmers are the occupational group most at risk of suicide, and may be a source of information about these associations. Their involvement in this study is welcomed.

To clarify, the stated aims are:

- To investigate the link between a high risk group and their attitudes to seeking help.

- To investigate the link between this high risk group and the number and type of coping strategies they would endorse.

- To look at the associations between the attitudes this group has to help-seeking and coping, and the propensity they have to evaluate themselves (either positively or negatively) when they think about the things they do and the person they are.

It is proposed that socialised standards of the male role are influential in how men see themselves. Further, those who men who have an evaluative style of self-concept compare themselves to their personal standards, and in the case of those who evaluate themselves negatively, see themselves as falling short of these standards. Part of these standards demand that men restrict their emotional expression and behave in independent ways. In this way, for men in particular, there may be a link between reluctance to seek help and negative self-evaluation. Those men who have

an evaluative style of self-concept, and evaluate themselves positively may simply not hold these standards, or alternatively may hold them, and feel they are attaining them. Either way, they may also report themselves as unlikely to seek help, due to the inability to envisage the need, and the incompatibility of this type of behaviour to these standards, if held. The third type of self-concept organisation Showers proposes, a non-evaluative, or integrated style may be associated with lower influence of social standards upon behaviours, and therefore greater readiness to seek help should the need arise.

Using measures and procedures from Barker, Pistrang, Shapiro and Shaw (1990), and Showers (1992a), the following main hypotheses will be investigated:

(1) Men belonging to a high-risk group (farmers) who have had no prior contact with professional help sources will organise their self-concept along significantly more evaluative lines, and will report themselves as significantly less willing to seek help, than men who have either sought or provided help in the past.

(2) Men who report more willingness to seek help will describe themselves in a significantly less evaluative way than those who are less willing to seek help.

(3) Men who endorse more coping strategies will describe themselves in a significantly less evaluative way than men who endorse fewer coping strategies.

(4) Those men who report lower levels of current emotional distress will evaluate themselves in significantly more positive terms, will organise their self–concept in an evaluatively positive or non-evaluative way, and will show significantly more positive attitudes to help-seeking behaviours and adaptive coping strategies than men reporting higher levels of current emotional distress.

2. METHOD

2.1 Design

The current study is cross sectional in nature and was conducted to discover if there is a relationship between the ways people cope with, and the attitudes they hold about help seeking for psychological distress and the organisation of self knowledge in a rurally based male population. The study employed both between subject and within subject comparisons and correlational designs.

2.12 Ethics approval

The study was submitted to the Ethics Committee of the Highland Health Board in January 2000, and approval was made in May 2000, but due to a clerical error not formally received until June 2000 (see appendix 6). Difficulties in achieving ethics approval arose out of objections that the proposed age group was too wide (16 to 75 years) and this was changed. In addition, the committee objected to the originally proposed sampling procedure, and this too was changed. The Highland Health Board Ethics Committee meets bi-monthly, and the resubmission was lost at the meeting in March. The meeting in May approved the resubmission, and the letter giving formal approval was received by the author in June.

2.2 Subjects.

2.21 Selection criteria.

All subjects were men between the age of 16 and 45. In order to reduce the effects of the literary nature of the measures, any subject with a learning disability or acquired head injury was excluded. In addition, one subject was not included because dyslexia made the measures inaccessible to him. Any subject within the farmers group who had had contact with mental health services before had their data excluded from this group and included in the comparison group instead (N=1). In all cases, informed consent to take part in the study was obtained from the subject when recruited, and reaffirmed at testing. (appendix 9)

2.22 The farmers' group.

In order to access a suitable group for the study, i.e. those at high risk of psychological distress with a low likelihood of help-seeking behaviours, a local annual general meeting of the National Farmers' Union was canvassed. Farmers are the occupational group at highest risk of suicide in the Highlands of Scotland and indeed in the U.K. (Stark and Matthewson 2000). Information leaflets (appendix 10) were distributed at the beginning of the meeting, and a verbal appeal was made at the end. Out of the (approx) 500 attendees, 28 provided telephone numbers. The final cohort of 18 participants included 15 of the original volunteers, and 3 ad hoc participants whose names were provided

by original participants at testing. The remaining volunteers were not contacted due to time constraints resulting from the delayed Ethics Committee decision.

2.23 The help-seeking group.

This group was composed of 10 individuals who had a) demonstrated belief in the effectiveness of mental health services, by either working in the field or seeking help for emotional distress and/or b) had sought help from a citizens' advice service. No subject was currently actively seeking help from mental health services. They were recruited from a citizen's advice service, non-N.H.S. mental health personnel, and ad-hoc contacts which included acquaintances of the author, or those known to these acquaintances. The sources of help sought included (in descending order) citizen's advice bureaux, marriage guidance, psychology, counselling and social work.

All those invited to take part signed a consent form (appendix 9), and only one subject was excluded on the basis of the criteria outlined in section 2.2.1.

2.3 Procedure.

To ensure privacy and confidentiality, all of the interviews were carried out with only the author and the subject present. Demographic variables were recorded for each participant including age, marital status, number of dependant children, age at which they had left full time education, their employment status, and whether they owned or

rented their accommodation. Subjects were also asked to provide information about whether they had ever had contact with mental health services, and whether they had had a severe head injury.

Each subject was asked to complete the assessments in a single meeting lasting from 40 to 90 minutes. The interviews all required only one testing meeting, and the assessments were administered in the same order for all subjects (see below).

- Clinical Outcomes In Rehabilitation Outcome Measure
- Attitudes to Coping & Help Seeking Questionnaire
- Self Concept Card Sort
- Differential Importance Likert Scales

Items were presented invariably in this order to provide time for scoring the screening Outcome measure and give feedback if offering follow-up was found to be necessary.

Copies of all assessments are found in appendices 1 to 5.

2.4 Assessment measures.

2.41 Measure of current psychological distress.

Clinical Outcomes in Routine Evaluation Survey 151 (C.O.R.E. System Group 1998). (Appendix 1)

The C.O.R.E. Outcome Survey was used to measure current levels of psychological distress. It was developed as one of a group of instruments in the 'system' to be used as

both a screening and a baseline/outcome measure in a clinical psychology context. The measure consists of 34 items in the form of self-statements with a 5 point agreement scale (mean score range 0-4) ranging from 'not at all' to ' most or all of the time'. The statements cover four subset domains of potential indicators of distress, i.e. subjective view of well being, psychological symptoms (anxiety, depression, physical and trauma), life functioning (achievement, social and close relationships), and risk of harm to self or others. A total score of 136 is possible for all items, with total scores of 16, 48, 48 and 24 for each subset respectively. Cut-off scores are provided for both sexes in an averaged form to allow for missing values, with a male clinical population scoring on or above 1.19 for all items, 1.36 for all items except 'risk', and cut-off scores are also provided for each subset i.e.1.37, 1.44, 1.29 and 0.43 respectively. The measure was administered in accordance with the instructions on the form, and subjects completed the questionnaire independently. The form was scored in the presence of the subject and if the total score exceeded the cut-off score, the information was fed back to the subject and appropriate follow-up was offered. The C.O.R.E. Outcome survey has been found to be both reliable and valid; (C.O.R.E. System Group 1998) and was chosen because it measures a wide range of behaviours thoughts and feelings, is quick to administer, has British norms split between sexes and is provided free by the authors.

2.42 Measure of coping style and attitudes to help seeking.

Coping and Help Seeking Interview Schedule (Barker, Pistrang, Shapiro & Shaw 1990). (Appendix 2)

This schedule investigates both the strategies employed by respondents in coping with psychological distress, and from whom they are likely to seek help. The section on

coping strategies consists of 16 items generated and refined by pilot studies, and can be grouped into three categories of coping methods, i.e. cognitive, behavioural and avoidance. This would bring the results into groupings consistent with other studies on coping, (e.g. Holohan & Moos 1987). The section on attitudes to help seeking consists of 10 items which are taken from previous studies of help-seeking behaviour, and include both formal and informal sources of help. Barker and his colleagues developed this measure to be applied to the UK population, and provide results from a population of 1040 adults from demographically representative groups of age, sex, social class, and area of residence. The results differentiate between sex and social class, and were found to positively correlate with higher scores on a normed screening measure. Accordingly this measure is used in the present study because it has British norms, is developmentally in line with international studies and measures, has been shown to have cross-validity, and due to its attitudinal basis, can be used with those who have had no prior experience with mental health services.

2.43 Measure of organisation of self-concept.

Self-Concept Sorting Task (Showers, 1992). (Appendices 3, 4 and 5)

Card sorting methods for accessing aspects of the self-concept have been used before, (e.g. Zajonc 1960, Linville 1985, 1987). Showers (1992a) has revised this technique to look at the organisation of self knowledge in terms of the positivity or negativity of content, and to look at how integrated or compartmentalised these two types of content are. The measure consists of forty sort cards with an adjective printed on each, twenty of which are positive and twenty negative in nature. (For the list of adjectives, see app. 3) Cards are sorted by the subject into groups which best describe several self-generated

aspects, and the groups are analysed for level of compartmentalisation or integration using a modified chi-squared statistic, Cramer's V (Everitt 1977). Cramer's V is a phi coefficient which gives each individual's sort a score between 0 and 1 indicating degree of compartmentalisation, where 0 = randomly distributed, therefore perfectly integrated positive and negative adjectives, and 1 = perfect compartmentalisation of positive and negative adjectives. Each aspect is also given a separate weight and positivity score on six point Likert scales, to measure the differential importance of the self aspects (Pelham & Swann 1989), and thus determine, where compartmentalisation occurs, whether individual can be categorised as positively or negatively compartmentalised in the way they organise their self view. This measure of the differential importance of self aspects has been shown to explain significant variation in self esteem (Marsh 1993, Pelham & Swann 1989). Showers, (Showers 1992a, 1992b) has shown a reliable relationship between individuals' self esteem and depression, and the content and organisation of the self in terms of positive and negative self knowledge, where positively compartmentalised organisation is associated with higher levels of mood and self esteem, integrated organisation is associated with less labile shifts in mood and self esteem when presented with negative information about the self, and negatively compartmentalised organisation is associated with lower mood, lower self view and difficulty in accessing positive self knowledge. Unlike other methods of measuring organisation and content of self-concept, the card sort technique allows subjects to generate their own self-aspects, thus accessing information not limited by researcher's parameters.

2.5 Analysis of data.

2.51 Subject confidentiality

To ensure subject confidentiality, all subjects were assigned a serial number, and identifying information was not entered on any form except the consent form, which was kept separately from the data. In addition, paper data was stored securely in a filing cabinet, and software data was password protected.

2.52 Data analysis

Data were entered onto a Microsoft Excel Spreadsheet and analysed using the Statistical Package for Social Sciences (SPSS) for Windows/Student Version. In addition, Cramers' V, the measure of level of compartmentalisation of the card-sorts for each individual, was computed using the Systat statistical package to obtain the chi-square statistic, and converted to phi by hand using the Cramer's V formula ($V=\sqrt{x^2/N(k-1)}$. The statistical analyses that were carried out were based upon methods used in previous research comparing the Self Concept Sorting Task to measures of mood, and other variables. Each subject completed all assessments, and there was no missing data. A significance level was set at $p<0.05$.

Parametric statistics require that the data meet certain assumptions:

- Each of the groups is an independent random sample from within a normal population.
- In the population, the variances of the groups are equal.

The following statistical methods were used to analyse the data according to the hypotheses set out in chapter 1:

Aim 1: Due to the small n, non-parametric statistics including Mann-Whitney U tests were used to determine whether there were any significant differences between groups on measures of organisation of self concept, mood, and coping and help seeking styles.

Aim 2: The self concept measure is designed to be analysed using stepwise regression techniques. Multiple regression analyses require that enough observations are collected to provide reliable results. The expected value for *R* for random data is *p/N-1*, where *p* is the number of predictors. Using this formula for the present study, with 4 predictors and 27 cases, the expected value of *R* for where there is no relation between the criterion and the predictor would already be 0.15. There are varying opinions about how large a sample size is necessary, and a rule of thumb proposed by Harris (1985) suggests that N should exceed p by 50. At the other extreme, Cohen & Cohen (1975) argue that the use of multiple regression should be based on statistical power, and demonstrate that

for the power of 0.80 where there is one predictor, to show a population correlation of 0.30, one requires a N of 124. Clearly, the present sample size is inadequate for the purposes of this statistical procedure. Therefore, other comparison techniques were used to indicate whether there was a relationship between coping and help seeking styles and proportion and type of compartmentalisation of organisation of self knowledge, and current mood for the population as a whole.

CHAPTER 3 RESULTS

This section presents the results of the data analysis, beginning with a summary of the relevant descriptive data, and followed by the findings related to the hypotheses. In addition, other relevant findings and details of the qualitative information gathered as part of the method will be reported. Although some of the non-hypothesised findings in the study are interesting, due to the number of analyses carried out, some of these results may be an artefact of type 1 error.

3.1 Descriptive data.

Table 1 shows a summary for the entire sample of the means, standard deviations, sample size and range of values of the following variables: overall number of coping strategies (Cope total), number of avoidant coping strategies (Avoid total), number of sources of help (Help total), and total score on the CORE Outcome measure (CORE total). In addition, it shows scores that were calculated to give measures of organisation of self-concept per individual, and these were; proportion of negative characteristics used per sort (Prop.–ve), average positivity or negativity of self aspects per sort (Ave. +ve/-ve), level of compartmentalisation (Phi), and differential importance scores (Diff. Imp.). The phi score was computed as described in section 2. The differential importance scores were derived from correlating each participant's Likert scores for importance with their Likert scores for level of positivity for each

self aspect. These values were used in calculations throughout the results, wherever hypotheses were tested for the whole sample.

Table 1. Descriptive data of the variables used in the present study.

Variables	*N*	Mean	SD	Range
Cope total	27	6.52	1.65	4-11
Avoid total	27	1.85	1.43	0-5
Help total	27	2.78	1.52	0-6
CORE total	27	24.00	12.58	5-57
Prop -ve	27	30%	11%	11-50%
Ave. +ve/-ve	27	4.13	2.26	0-7.8
Phi coefficient	27	0.54	0.17	0.24-0.86
Diff. Imp	27	0.58	0.26	0.09-0.92

Because of the small number of 'don't know' responses in the coping and help-seeking measures, they were combined with the 'no' responses for the purposes of data analysis. In addition, no respondent answered 'yes' to the item 'go to the chemist or doctor for pills' in the coping measure, and this was therefore left out of the analyses. The 'avoid total' score was derived from the items 'watch t.v.', 'drink more tea and coffee', 'drink more alcohol', 'smoke more', 'sleep', and 'try to ignore it', thus combining both behavioural avoidance and substance based avoidance. The following sections detail the results relating to the hypotheses as outlined in the introduction.

3.2 Differences between experimental groups.

Because of the small and differing sample sizes and normal distributions, non-parametric statistics were used to test for significant differences between the groups, with the following results.

Mann-Whitney tests were performed for quantitative variables, and Fisher's Exact tests for differences were performed for the categorical variables. No significant differences were found between the experimental groups in terms of the demographic variables. A summary of the demographic variables per group is shown in the tables below.

Table 2. Demographic data for groups

Variables	Group 1		Group 2		
	Mean	Range	Mean	Range	P value
Age	36.89	23-44	39.8	22-45	0.103
Age left education	19.24	16-22	22.22	16-33	0.103
Number of dependent children	1.53	0-4	1.00	0-3	0.386

Table 2 (continued) Demographic data for groups.

Variables	Group 1	Group2	Fisher's r'
Marital status	10 married 6 single 1 divorced	5 married 3 single 2 divorced	0.71
Occupation	12 self employed 4 employee 1 unemployed	6 self employed. 3 employee 1unemployed	0.67
Residential	10 owner 7 tenant	7 owner 3 tenant	0.69

Non-parametric tests were also used to compare means in terms of the measures. No significant differences were found between experimental groups, and the table detailing results is shown below.

Table 3 Comparisons of means between experimental groups.

Variable	Group	Mean rank	Mann-Whitney	Exact sig.
Cope Total	1	14.09	83.5	0.941
	2	13.85		
Avoid Total	1	14.76	72.0	0.537
	2	12.70		
Help Total	1	12.18	54.0	0.127
	2	17.10		
CORE Total	1	13.71	80.0	0.824
	2	14.50		
Prop –ve	1	13.59	64.0	0.309
	2	14.70		
Ave =ve/-ve	1	14.65	78.0	0.749
	2	12.90		
Phi	1	13.29	74.0	0.604
	2	15.20		
Diff. Imp.	1	12.76	73	0.570
	2	16.10		

Retrospective power analyses are detailed in table 4. As expected, power for these sample sizes is weak. However, the figures suggest that even with larger sample sizes,

a significant difference would not have been found between the experimental groups, and that the groups do not represent differing populations.

Table 4. Retrospective power analyses for differences between experimental groups.

Variable	SD	Mean difference	Power	
			Group1	Group2
Cope Total	1.7	0.129	0.055	0.053
Avoid Total	1.44	0.400	0.123	0.091
Help Total	1.5	0.988	0.461	0.286
CORE Total	12.7	2.700	0.092	0.074
Prop –ve	0.77	0.014	0.05	0.05
Ave +ve/-ve	2.4	0.549	0.099	0.077
Phi	2.4	0.182	0.055	0.053
Diff. Imp.	0.26	0.133	0.31	0.19

3.3 The relationship between help-seeking and organisation of self concept.

Since the group categorisation does not appear to represent different population groups, all subsequent analyses are carried out using both groups as one sample. Due to the small N, regression analyses were not computed. In order to indicate whether there were any differences between those who seek help more readily and those who are more reluctant to seek help, the entire sample was split into four groups at the 25^{th,} 50^{th,} and 75th percentiles in terms of their help seeking scores, and independent sample t-tests were computed for the upper and lower quarter groups using the self concept organisation variables. This gave groups of 7 and 8 subjects respectively, and

Levene's test for equality of variances showed no significant differences on any of the variables. The independent sample t-tests showed no significant differences between these two extreme groups on any of the variables, as shown in table 5.

Table 5. Comparison of means between extreme groups in terms of help seeking.

Variable		Mean	SD	t	P
Cope Total	Group1	6.25	1.28	0.533	0.60
	Group 4	5.86	1.57		
Avoid Total	Group1	1.63	1.30	0.355	0.73
	Group 4	1.86	1.22		
CORE Total	Group 1	21.50	6.19	0.476	0.64
	Group 4	18.29	18.00		
Ave.+ve/-ve	Group 1	4.15	2.95	0.476	0.65
	Group 4	3.54	1.79		
Phi	Group 1	0.60	0.12	1.234	0.24
	Group 4	0.50	0.17		
Prop –ve	Group 1	0.30	0.14	-0.485	0.64
	Group 4	0.33	0.08		
Diff. Imp.	Group 1	0.60	0.24	-0.581	0.57
	Group 4	0.66	0.20		

This procedure gave very small groups requiring large differences to show significance, but was seen as justified in terms of testing the extremes of the sample population to find indications of differences. The procedure was repeated using the upper and lower 50% with similar non-significant results, and these may be found in appendix 7.

3.4 The relationship between coping style and organisation of self-concept.

An identical procedure to compare means to that described in section 3.2 was carried out to investigate any significant differences between those who use fewer and those who use more coping strategies by splitting the sample to provide upper and lower halves and quartiles of scores on the coping measure. Table 6 shows the procedure carried out on the upper and lower groups in terms of the number of coping strategies endorsed. This yielded groups of 15 in the upper group and 12 in the lower group. In terms of Levene's test for equality of variances, two of the variables show significant differences; i.e. proportion of negative aspects, and average positive against negative aspects per sort, and the figures in table 6 do not assume equal variances accordingly.

Table 6. Comparison of means of the upper and lower scores split by median in terms of total coping score

Variable		Means	SD	t	P
Help total	Group1	3.00	1.65	0.857	0.399
	Group 2	2.50	1.38		
Core total	Group1	22.07	11.45	-0.869	0.394
	Group 2	26.42	13.98		
Prop –ve	Group1	0.32	0.13	0.821	0.420
	Group 2	0.28	0.08		
Ave +ve/-ve	Group 1	3.81	2.78	0.797	0.433
	Group 2	4.52	1.41		
Diff Imp	Group1	0.58	0.28	0.221	0.827
	Group 2	0.55	0.30		
Phi	Group 1	0.61	0.16	2.476	0.013
	Group 2	0.45	0.14		

Most of the differences between groups were non-significant, with the exception of one; there is a significant difference in the level of compartmentalisation of self-aspects between those who use more or less coping strategies ($p<0.05$).

The results for the upper and lower quartile groups were all non-significant, and can be found in appendix 8.

3.5 The relationship between psychological distress, help seeking and coping with organisation of self concept.

Levels of psychological distress among group members were generally below the cut-off point on the CORE measure, and although the variance of the scores was fairly wide, (see table 1) it was decided that further analyses using this measure as a source of group division is not justified in the interests of consistency of method.

3.6 Additional quantitative findings.

A correlational analysis looking at demographic data and the experimental variables using Spearman's correlation coefficient found the following significant results. Age was found to be negatively correlated with scores on the coping measure, (coeffiecient -0.467, $p< 0.014$) and to be negatively correlated with the avoidant coping strategy subscore (coefficient -0.472, $p< 0.013$). Marital status was found to

be positively correlated with the number of avoidant coping strategies used by the participant (coefficient 0.439, $p < 0.022$).

3.7 Yield from qualitative data.

The self aspect labels each participant described were rated by three independent raters on a five point scale for breadth of categorisation in line with Showers' own method. Labels were assigned a score of 1 if they described a single occasion, or specific occasion with special circumstances; for example, 'me when I lost that calf, today', and a score of 5 if the label was a generalisation about the self as a whole, or about a set of characteristics, with no situational context; for example 'my personality'. Other points on the scale describe varying degrees of specificity.

Agreement from the raters was adequate (87%), and contentious items were resolved by consensus. Overall frequencies per rating point were;

Point	1	2	3	4	5
Frequency	1	93	180	47	9

Only one person chose a category that was rated as 1, and no-one chose a category rated as 5 more than once.

The ratings were then compared to two variables;

(a) The negativity rating of the labelled domain, to see if there is a relationship between how broad the category is and how extremely it is evaluated, and

(b) The individual importance rating, to see if there was a relationship between how broad a category is and how important it is to the individual.

In four cases of the sample (subject numbers 5,7,8and 15), significant positive correlations were found between the importance rating and the breadth of the category, and in four cases of the sample (subject numbers 5,7,13 and 15), significant positive correlations were found between the positivity ratings and the breadth of category.

Next, the sums of the ratings per subject were divided by the number of categories, and compared with phi, to see if level of compartmentalisation was related to breadth of category, (mean ratings ranged from 2.1 to 3.4) and no significant relationship was found.

Preliminary analysis of the aspect labels identified several types of domain, i.e. family relationships (e.g. 'me as a father', 'me with my partner'), social life (e.g. 'me with friends', 'me at a dinner party'), hobbies, (e.g. 'me the grand-prix fan', 'me fishing') domestic activities, (e.g. 'me as a house husband', 'me driving'), the person, (e.g. 'me as a man', 'me as me'), and work. Work related domains fell into two categories; work in relation to others (e.g. 'me as a boss', 'me public speaking') and work activities, (e.g. 'me when I lost that calf', 'me doing paperwork'). Three independent raters were asked to assign one of the following seven categories to the labels;

1. Family relationships
2. Social relationships (outside work)
3. Hobbies and leisure activity
4. Domestic and routine activity
5. Myself
6. Work with others
7. Work activities

Raters agreed for the majority of items, but problems arose in assigning categories to the following domains; six individuals mentioned pub or alcohol related activity, e.g. 'me in the pub', 'me when I've had a few', and raters disagreed as to whether this should be seen as a social or as a leisure activity. By consensus it was included in the social category. Two labels ('me when my marriage went well, 'me as a potential partner') caused disagreement, with one rater feeling that they were not assignable due to not being the current state of affairs. These were assigned to the family relationships and social categories respectively. Three labels were assigned a category of their own, i.e. location ('living in the north of Scotland' 'when I'm in the country' 'when I'm in the city') and were assigned the number 8. The 'myself' category included four interesting items apart from global descriptions; 'me the Skyeman', 'me the foreigner', 'me the liar', and 'me the dreamer'.

Assigned categories were then compared with importance and positivity ratings to see if the more important ones, or the more positive ones were the most selected.

Percentages of labels in each domain, their mean positivity and their mean importance ratings are listed in order below;

Category	%	Mean importance	Mean positivity
Family relationships	23.8%	4.97	+1.29
Social relationships	19.1%	4.33	+1.33
Work in relation to others	16.4%	4.13	+0.78
Work activities	14.5%	4.86	+0.76
Hobbies and leisure	10.5%	3.96	+1.27
Domestic and routine	8.6%	3.16	+0.16
Myself	5.9%	4.13	+1.13
Location	1.2%	4.30	+1.30

Generally, the family and work domains were seen as the most important, followed by domains related to socialising and global self evaluations. Domestic routine was unsurprisingly the least important. Social relationships followed by family and then hobbies and leisure were viewed most positively.

CHAPTER 4 DISCUSSION

4.1 Summary of this study

This study aimed to investigate a possible link between male help-seeking and coping behaviours and men who either do or do not organise their self-concept in the dimension of evaluation. Previous research has shown that men are less likely to seek help for psychological distress than women (Rabinowitz, Gross and Feldman 1999), that traditional male roles socialise men to be reluctant to seek help while the pressure of meeting these standards make them vulnerable to psychological distress (Good and Wood 1995), that men are at higher risk of suicide (Stark and Matthewson 2000) and that men are more likely to use solitary and avoidant coping strategies than women (Barker, Pistrang Shapiro and Shaw 1990). The study looked at men who were hypothesised to belong to a high risk group, i.e. farmers, and compared them to men who had sought or provided help for emotional distress in the past. It also compared men in terms of their attitudes to help seeking and coping, and their level of present problems. The comparisons were carried out to see if the men who are most reluctant to seek help and who endorse fewer or more maladaptive coping strategies are those who are most likely to demonstrate a more extremely evaluative self-knowledge organisational style, and used a measure of the extent of evaluative organisation self-concept (Showers 1992). The results of this study will be discussed in the following sections, limitations will be discussed, and suggestions made for future research.

4.2 Comparison of the experimental groups.

Contrary to the first hypothesis, the farmer's group demonstrated no significant differences from the help-seeking group in terms of either their attitudes to help-seeking, or their preferred coping strategies. Neither did the investigations find a significant difference in measures of evaluative compartmentalisation of self-knowledge. It may be that there is no significant difference between these two groups of men, but caution should be exercised with this finding due to two reasons; the groups' small N and inequality of sample size, and difficulties inherent in the sampling procedure. As was demonstrated in the results section (table 3), with such a small N the differences between groups would need to be very large to exhibit significance. Problems with the sampling procedure may also have implications for the entire set of results, and this will be discussed in full in a later section.

If one were to consider the implications were this to prove a valid finding, it would suggest that those who have sought help, or who have provided help are as likely to seek help in the future as those who have never experienced a professional helping situation. This could suggest either that the men who had experienced a professional helping situation had not had their faith increased by the experience, or, that the group who had not experienced a professional helping situation were more likely than most to try it. Comparisons of the figures collected in this study to figures quoted by Barker, Pistrang, Shapiro and Shaw (1990) in their study provide information as to how well the present group match. There are two main differences; firstly, the means for the present group show that the participants are marginally

more likely to seek help from friends than from their partners (74.1% and 62.9% respectively) while Barker and his colleagues found that men in the original study were much less likely to seek help from friends than men in the present study, and more likely to seek help from partners (34% and 71% respectively); and secondly, the present group were much less likely to seek help from a professional helper (the most endorsed was the G.P. at 26%) than the group surveyed by Barker (the most endorsed was again the G.P. at 41%). Even with the limitations to the power of the present sample in mind, it seems that the samples differ considerably in terms of who they access as a source of help, and in their attitudes to professional sources.

4.3 The relationship between help-seeking and organisation of self-concept.

Due to the null findings for the original groupings the population as a whole was analysed to look at possible differences between those who scored in the upper and lower percentiles of the other variables. The first variable to be treated in this way was the help-seeking measure. In terms of help-seeking, it is hypothesised that those more likely to seek help will show a different pattern of self evaluation than those less likely to seek help; specifically, a tendency to integrate positive and negative self-knowledge, and that those more likely to seek help will endorse more coping strategies. The range of scores on the help-seeking measure for the whole population indicated that there was a fairly wide spread of responses, and the upper and lower halves, and then quarters were analysed for differences between means. (Although the upper and lower quarters gave small groups, it was assumed that an indication of differences in the other measures could be gleaned from these groups.)

In neither set of comparisons were results approaching significance found between these groups, either in terms of the number of coping strategies endorsed, the self-concept organisation variables or in terms of the current psychological state of the participants. This was not in line with the second hypothesis; those who saw themselves as more likely to seek help did not necessarily endorse significantly more coping strategies. In addition, the mean proportion of negative adjectives included in the card-sorts, and the mean ratio of positive to negative adjectives per aspect were similar for both groups, as were the mean phi coefficient, and the mean differential importance scores, failing to indicate that a particular style of self-concept organisation is associated with attitudes to seeking help for psychological distress. These findings are disappointing, and may be indicative of limitations due to low power, to the sampling procedure, or indeed limitations of the measures themselves, and these limitations will be discussed in full in later sections. Another conclusion could be that there is no relationship between attitudes to help-seeking and the organisation of self-concept along evaluative lines. It could be that attitudes to seeking help are based on other factors, such as access due to the rural nature of the population, lack of knowledge of what is available, or external standards like stigma (Stark and Matthewson 2000)

4.4 The relationship between coping and the organisation of self-concept

The upper and lower grouping imposed upon the sample in the way described in section 4.3 was next applied in terms of coping scores. This was to investigate the hypothesis that those who endorse fewer coping strategies would score higher on the

screening measure, be less likely to seek help, and would organise their self-concept in an negatively evaluative manner. The results of these comparisons did not support the hypothesis that those who endorse more coping strategies would be more likely to seek help from others, or that those with higher levels of problems would endorse most coping skills. This finding does not suggest the association between coping skills, help-seeking and levels of psychological distress that Barker and his colleagues found. Differences between the measures of organisation of self-concept were also non-significant with the exception of one result; when the group was split at the median, there was a significant difference between the upper and lower groups in the degree of compartmentalisation of self-aspects. This may indicate that those who endorse more coping strategies organise their self-knowledge in more evaluatively extreme ways. The non-significant difference between these groups in terms of differential importance makes conclusions about the valence of these extremes more difficult to make, but given that the average proportion of negative characteristics per sort for the sample as a whole is 30% then it could be assumed that the evaluative valence would be largely positive. One conclusion, then, could be that people who use more coping strategies also group together more positive self-descriptive adjectives. This is a plausible conclusion, being in line with the findings that higher rates of positive self-descriptions are associated with higher self esteem and lower depression in Showers' studies. However, it is out of line with the findings of Barker and his colleagues who found that endorsing more coping strategies is associated with higher scores in measures of psychological distress.

4.5 Additional quantitative findings.

A negative correlation between age and attitudes to help-seeking, and age and number of coping methods endorsed was found. This is line with findings by Barker, Pistrang, Shapiro and Shaw (1990). In their study they suggest that younger people tend to have a larger social network, and therefore more sources of help when they feel the need. They also tend to have more freedom to go out when they feel low, and tend to take more exercise.

Marital status was found to be associated with the number of avoidant strategies used, and in this study, since the larger numerical value was assigned to the 'single' category, with 'divorced' and 'married' descending in order thereafter, this would indicate that substance abuse and other avoidant strategies are favoured by the unmarried men. Again this falls in line with Barker and his colleagues findings that younger people use more alcohol, food and tobacco when they feel low.

4.6 Qualitative findings.

Showers analysed her participants' self aspect labels to investigate whether there was a relationship between type and degree of breadth of categorisation, and style of self-concept organisation. This yielded some interesting data about the content of the aspect for a hypothesis of her own that is not particularly relevant to this study. However, by carrying out these analyses in this study it was hoped to investigate the possibility that content may show which roles are particularly important to these

men, and to draw some conclusions about the varying levels of processing in terms of breadth that the men applied to their participation.

If it is supposed that level of processing is indicated by the relative breadth of the categories produced, then we can conclude from these findings that the participants' self-aspects were generally quite narrow, and their level of processing was comparatively complex. On a scale of 1 to 5, where 1 is a very specific category, and 5 a global category, the majority of the labels generated clustered around the 2 to 3 mark. Overall, there was no association between breadth and positivity of the label, and this may not be too surprising, given the low number of negatively compartmentalised labels generated. In addition, there was no overall association between the importance rating assigned by to it by the participant and the breadth of the label, indicating that in general, more specific characteristics were just as important to the participant as global ones. There were three cases where positivity and importance were associated with category breadth, and these were all farmer participants, who had chosen comparatively high proportions of positive adjectives in their sorts, (70%-82%). Their levels of compartmentalisation were fairly low, however, (0.39-0.45), and this indicates that they were generally positive in their outlook, but included a mix of adjective valence in their sorts. These participants may be characterised as men who have a generally positive outlook, but who can access negative aspects of themselves that are narrow in category type.

Next, labels were analysed to see what types of categories were present. The men who took part in this study endorsed family relationships as the most important ones

in their lives, although they were not necessarily the most positive. Social relationships were marginally more positive, but slightly less important. These are men who report themselves to be as happy, if not happier to go to a friend if they need advice, and this finding matches well with this report. Work relationships and work activities are important to these men as well, and since the larger proportion of them live where they work, this is perhaps not surprising, although without comparisons we cannot know if this is unusual. Global evaluations of the self as a person were reported as important and positive, despite being selected comparatively infrequently overall.

4.7 Limitations of the study, and suggestions for further research.

4.81 Power

It is regrettable that the small N did not allow for a model to be constructed by stepwise regression techniques, for which the self-concept variables were intended. Group means of these variables as indicators of compartmentalisation may be seen as insensitive to say the least, although any significant differences may indicate wholesale structural differences per group. Indication by the phi measure of the curvilinear relationship that Showers (1992) proposes is 'washed out' without the addition of the other steps, and if a curvilinear relationship did exist in this data, as the one significant finding suggests, any evidence of a relationship between degree of compartmentalisation (phi) and the two other main measures may be weakened, since it is impossible to draw conclusions about the type of compartmentalisation from phi alone. However, Showers found in the first of her studies that a curvilinear

relationship was not indicated, and suggested that this was not surprising since she did not in this case use the differential importance measure. In addition, she suggests that a random sample will tend to evaluate their positive self-aspects as most important, and psychopathology was not expected in the sample. She did find an association between compartmentalised organisation and high self-esteem and low depression for her random sample. This study's sample is similar in so far as it is a generally healthy population. It differs from Showers' random sample in that hers was predominantly female, but any effects this difference may have is moot without further research, and Showers does not report sex differences in this, or any of the studies in the series. This study may have benefited from a larger sample size, in addition to other ameliorations detailed below.

4.82 The sample

Since the sample appears to be different than the original population in terms of their help seeking behaviours, and power is very low, then it may be that this is an idiosyncratic sample in other ways. Comparisons of the variables to the original random samples showed the following differences. In terms of the types of coping strategies the men endorse, this study's sample differed from the sample surveyed in the original study on the following items; men in this study were much more likely to endorse exercise as a coping strategy than the original sample (62% and 45% respectively), and they were much less likely to endorse the item 'watch t.v, listen to music or read books', (29.6% and 74% respectively). In addition, men in this study were less likely to pray as a way of coping (7.9%) than in Barker's study (26%) and

more likely to eat more food in the face of problems (44%) than the original (26%). The other strategies were quite similar, including the items about going out and socialising, despite the rural location of this study, and using alcohol and tobacco. Generally speaking, this sample varied from the original large nationally representative sample in four of the sixteen coping items, and in the most heavily weighted help seeking items, for both formal and informal helpers.

In relation to Showers' original sample (Showers 1992a), the measure used was identical to the one she revised for her third study, and the present sample is compared to the control group in that study, although caution needs to be exercised, since these controls were a mixed sex group of American students. Nevertheless, the differential importance ratings are very similar (0.58 in this study, and 0.59 in the original). The phi coefficient is different, however, at 0.54 in this study and 0.68 in Showers normal control group.

It would seem that in some respects this is an unusual sample, but of itself the distributions of the data were fairly normal. It may not be too controversial to say that there are cultural anomalies in a sample drawn from the rural north of Scotland, most of whom share the same, influential occupation. If this study were to be redesigned it would have included a more representative population of men for the purposes of generalisablity of results, or alternatively, it would have taken an entire sample from the farming community in order to draw much needed conclusions specifically about this high-risk group.

Showers discusses the evaluative style of self-concept organisation from the point of view of cognitive complexity. She argues that those who have a more evaluatively compartmentalised self-view are in fact more complex thinkers, since the activated evaluative instances would be accessible in narrower categories requiring more processing, and non-evaluative instances would be more quickly accessible since this self-knowledge is available in broad definitions of the self. For example, a man may be able to quickly access the knowledge 'I am a farmer', but may take more time and processing to access 'I am a farmer who fouls up subsidy paperwork'; the evaluative nature of the second, but not the first statement being clear. In fact, as discussed in chapter 1, empirical evidence has been found relating to people's tendency to narrowly define negative self-aspects, and this may have a protective effect, but the same evidence does not hold for positive aspects. It seems intuitively so, that people who see themselves in predominantly positive terms and discount negative information as not salient may have an unrealistic view of the self, and it would fit with Stein's research (Stein 1994) to say that they may have a less complex set of self-knowledge. The possibility of positive and negative information and judgements about the self being organised in very different structural ways calls into question the validity of the positive/negative dimension in self-concept research. It may be better defined as a negative and novel versus a positive and stasis dimension. The implications for Showers' conception of positive and negative evaluatory styles may be that those with predominantly positive self-views are in fact not protected by their view, but due to the inflexibility of their self-schema may be catastrophically

affected by negative information when they cannot ignore it. More research on the way evaluations relate to type and organisation of information would illuminate these issues.

Whether or not one agrees that Showers' model of self-concept is a valid construct in itself, during the conducting of this study questions have arisen about how well the construct fits with male gender role conflict (MGRC). That the strain of MGRC causes negative self-evaluations is not in dispute, having been documented in the literature. (Good and Wood 1995, Good, Borst and Wallace 1994). However, other factors cause negative self-evaluations too, and many were pointed out by participants during debriefing sessions, and included both practical and existential difficulties, chiefly in terms of modern farming practise. For example, farming seems to the participant to have become less a job of producing crops and livestock, and more a job of processing important paperwork for subsidies, where any slight mistake could cost thousands of pounds. Most of the farmers interviewed felt that such practical difficulties were more likely to account for viewing oneself in a bad light, and may even have precipitated some of the suicides amongst their community. It may be that the levels of negative self-evaluations reported are due to factors other than stereotypically male ones, and are situational, or personal ones common to this community instead. The present study may have benefited from widening its scope when looking for the reasons behind male problems, and the adequacy or otherwise of using Shower's measure to tap MGRC issues could have been tested by including an instrument designed to measure male gender role conflict.

It is interesting that findings related to MGRC suggest that men are less likely to seek help due to the male role's dictates, even though they are at the same time more vulnerable to depression, while Barker, Pistrang, Shapiro and Shaw (1990) found that higher rates of depression was associated with more readiness to seek help, and higher rates of coping strategy endorsement. These findings seem irreconcilable. It may be that one or both of the measures have biases of their own, but since the MGRC measures did not form part of this study, they could not be compared.

4.84 The danger of response bias.

There is an inherent danger in doing research into help-seeking that the very people who will not volunteer to take part are those whom one wishes to study. In addition, this study was interested in looking at the standards one sets for oneself which are related to socialised roles and mores. These may be variables more prone than most to response bias.

A recent study by Vispoel and Forte Fast (2000) looked at response biases and sex differences with reference to self-concept. They point out that sex differences in people's perception of themselves have been well documented in the literature of self-concept which looks at specific traits like math ability, or creativity, but that the actual performance of individuals do not support these findings. In other words, people tend to report themselves in terms of sex stereotypes, even when the evidence of their performance is incongruent. Vispoel and Forte Fast suggest that self-

reported self perceptions are inaccurate, and that this may be due to socially desirable responding on the part of the participants. They distinguish between two different types of socially desirable responses, i.e. the intentional, or impression management type, and the unintentional, or self-deceptive type. The intentional impression management type of responding has been found to be associated with personality traits of agreeableness and traditionalism, and is a conscious type of socially desirable responding. The self deception, or unintentional type is not conscious, and is associated with anxiety, and resembles the positive bias in people's self-perceptions described in other research into self-concept, (e.g. Showers 1992a, Markus and Wurf 1987) As such this second type is actually an important part of self-concept, and not a confounding variable. The impression management subtype is likely to confound transparent instruments designed to measure how people actually see themselves, and Vispoel and Forte Fast set out to see how influential this is.

Vispoel and Forte Fast looked at many of the traditionally different domains of self concept such as maths ability, verbal ability, creativity, and emotional stability, and found that controlling for impression management reduced sex differences in traditionally female favoured areas like creativity and verbal ability, but that controlling for impression management actually increased differences in traditionally male favoured areas like maths ability and emotional stability. The researchers suggest that women are more anxious to manage their impressions than men. The alternative explanation could be that men play down their differences. Perhaps modern man sees it is seen as socially undesirable to be seen to adhere to traditional

male roles. Whether or not this is the case, Shower's measure seemed quite transparent to the participants, several of whom made comments like 'I would be picking all bad words for that, and I'm not that miserable', or 'look at the choice I've made, I think I'll pick some more, because these make me look arrogant.' Impression management factors seemed to further muddy the waters of the validity of that measure for this study. Indirect measures of self-concept organisation would add to validity of studies, and have the added benefit of tapping the implicit or non-verbal influences on self-concept, (Greenwald and Banaji 1995), enabling the research to tap into the 'I' as well as the 'me'.

4.8 Conclusions

This study aimed to investigate a possible link between help-seeking and coping behaviours, and the way men organise their self concept in terms of evaluative valence. The statistical analyses provided one significant result, that men who endorse more coping strategies tend to report self aspects in a more evaluatively compartmentalised way (that is likely to be positive) than those who endorse fewer coping strategies. Other results were inconclusive. This one result may reflect a true difference between coping abilities of those who hold mainly positive views of the self. However, this cannot be concluded due to the context of other null findings, and the lack of statistical power, and idiosyncratic nature of the sample.

It has been proposed that participants were anxious to portray themselves in a socially desirable way, and that the nature of the measure may have contributed to

this. The design of the measures may also have lacked sensitivity for the purposes of the hypotheses. From the point of view of the male gender role, it could be said that most psychological state measures have inherent sexist biases, for example, giving higher rates for emotional stability, and lower rates for emotional expression. It may require a culture free philosophy to disentangle psychopathology and many types of prejudice.

This study's aspirations were to provide more knowledge to clinical psychology about how we could make ourselves more accessible to men. It would appear that the men in this study who had experienced a professional helping service had not had their faith in professional helpers increased. This is a valuable piece of information, and this, together with the consciousness that our practises, perhaps like this study, may be sexist, would indicate that rather than trying to impose models which are often based on stereotypes of men and why they do not come to see us, perhaps we should begin to do what we do best, and listen. Developments of this study, then would commence with designing opportunities for frank feedback from men, both users and non-users of our services, in the hope that this would provide a spring-board for further research and the design of a service.

REFERENCES.

J. M. Baldwin (1897). *Social and Ethical Interpretations.* New York: Macmillan.

Bandura, A. (1978). The self system in reciprocal determinism. *American Psychology,* **33,** 344-358.

Bargh, (1982). Attention and automaticity in the processing of self-relevant information. *Journal of Personality and Social Psychology,* **43,** 425-236.

Barker, C., Pistrang, N., Shapiro, D. A. & Shaw, I. (1990). Coping and help-seeking in the U.K. adult population. *British Journal of Clinical Psychology,* **29,** 271-285.

Bebbington, P. E., Marsden, L. & Brewin, G. R. (1997). The need for psychiatric treatment in the general population: The Camberwell Needs for Care survey. *Psychological Medicine,* **27,** 821-834.

Beck, A. T. (1967). *Depression: Causes and Treatment.* Philadelphia: University of Philadelphia Press.

Bem, D. J. (1967). Self-perception: An alternative interpretation of cognitive dissonance phenomena. *Psychological Review,* **74,** 183-200.

Bem, D. J. (1972). Self-perception theory. In L. Berkowitz. (Ed.). *Advances in experimental social psychology,* Vol. 6. New York: Academic Press.

Bower, G. H. & Gilligan, S. G. (1979). Remembering information related to one's self. *Journal of Research in Personality,* **13,** 420-432.

Brannon, R. & Juni, S. (1984). A scale for measuring attitudes about masculinity. *Psychological Documents,* **14,** No. 2612.

Carver, C. S. & Scheier, M. F. (1982). Control theory: A useful conceptual framework for personality – social, clinical and health psychology. *Psychological Bulletin,* **92,** 111-135,

Charlton, J., Kelly, S., Dunnell, K., Evans, B., Jenkins, R. & Wallis, R. (1993). Trends in suicide deaths in England and Wales. *Population Trends,* **69,** 10-16.

Cleary, P. D. (1987). Gender differences in stress related disorders. In R. C. Barnett, L. Beiner, & G. K. Baruch (Eds.) *Gender and stress.* (pp. 39-72). New York: Pergamon Press.

J. Cohen. & P. Cohen. (1975). *Applied Multiple Regression/Correlation Analysis for the Behavioural Sciences.* Hillsdale NJ: Erlbaum.

C. H. Cooley, (1902). *Human Nature and the Social Order.* New York: Scribners.

CORE System Group, (1998). CORE System (Information Management) Handbook. Leeds: CORE System Group.

Davis, F. & Walsh, W. B. (1998). Antecedents and consequents of gender role conflict: An empirical test of sex role strain analysis. *Convention of the American Psychological Association.*

S. Duval. & R. A. Wicklund, (1972). *A Theory of Objective Self-Awareness.* New York: Academic Press.

B.S. Everitt. (1977). *The Analysis of Contingency Tables.* London: Chapman & Hall.

Gallup, G. P. (1970). Chimpanzees: Self recognition. *Science,* **167,** 86-87.

Good, G. E., Borst, T. F. & Wallace, D.L. (1994). Masculinity Research: A review and critique. *Applied and Preventative Psychology,* **3,** 3-14.

Good, G. E., Dell D. M. & Mintz L. B. (1989). Male role and gender role conflict: Relations to help seeking men. *Journal of Counseling Psychology,* **36,** 295-300.

Good, G. E. & Mintz, L. M. (1990).Gender role conflict and depression in college men: Evidence for compounded risk. *Journal of Counseling and Development,* **69,** 17-21.

Good, G. E. & Wood, P. K. (1995). Men's avoidance of psychological help seeking: An empirical examination of masculine gender rules and depression. *Journal of Counseling and Development.* **74,** 70-75.

Greenwald, A. G. & Banji, M. R. (1995) Implicit social cognition: Attitudes, self-esteem and stereotypes. *Psychological Review,* **Vol. 102, 1,** 4-27.

Greenwald, A. G. & Pratkanis, A. R. (1984). The Self. In R.S. Wyer. & T. K. Skrull. (1984). *Handbook of Social Cognition, Vol. 3.* Hillsdale, NJ: Erlbaum.

R. Harre. (1983). *Personal Being.* Oxford: Blackwell.

R. J. Harris. (1985). *A Primer of Multivariate Statistics.* (2nd Ed.). New York: Academic Press.

Hawton, K. (1992). By their own young hand. *British Medical Journal,* **304,** 1000.

Hawton, K., Simkin, S., Malmberg, A., Fagg, J. & Harriss, L. (1998). Suicide and stress in farmers. *The Stationery Office.*

Holohan, C. J. & Moos, R. H. (1987). Personal and contextual determinants of coping strategies. *Journal of Personality and Social Psychology,* **49,** 739-747.

Hull, J. G. & Young, R. D. (1983). Self consciousness, self esteem and success-failure as determinants of alcohol consumption in male social drinkers. *Journal of Personality and Social Psychology,* **44,** 1097-1109.

W. James, (1890). *The Principles of Psychology.* New York: Holt.

Kessler, R. C., Brown, R. L. & Broman, C. L. (1981). Sex differences in psychiatric help-seeking: Evidence from four large scale studies. *Journal of Health and Social Behaviour,* **22,** 49-64.

Kessler, R. C., McGonagle, K. A., Zhao, S., Nelson, C. B., Hughes, M., Esheleman, S., Wittchen, H. U. & Kendler, K. S. (1994). Lifetime and 12 month prevalence of DSM-III-R psychiatric disorders in the United States. *Archives of General Psychiatry,* **51,** 8-19.

Kihlstrom, J. F. & Cantor, N. (1984). Mental representations of the self. In L. Berkowitz. (Ed.) *Advances in Experimental Social Psychology,* **17,** 2-47

Lewis, M. & Brooks, J. (1975). Infants social perception: A constructivists view. In L.Cohen. & S. Salapatek. (Eds.). *Infant Perception: From sensation to cognition.* Vol. 2. *Perception of space, speech and sound.* New York: Academic Press.

Lin, E., Goering, P., Offord, D. R., Campbell D. & Boyle, M. H. (1996). The use of mental health services in Ontario: Epidemiological findings. *Canadian Journal of Psychiatry,* **41,** 572-577.

Linville, P. W. (1987). Self-complexity as a cognitive buffer against stress-related illness and depression. *Journal of Personality and Social Psychology,* **52,** 94-120.

Markus, H. (1977). Self-schema and processing information about the self. *Journal of Personality and Social Psychology,* **Vol. 35, 2,** 63-78.

Markus, H. & Kunda, Z. (1986). Stability and malleability of the self concept. *Journal of Personality and Social Psychology,* **51,** 858-866.

Markus, H. & Nurius, P. (1986). Possible selves. *American Psychologist,* **Sept. 1986,** 954-969.

Markus, H. & Sentis, K. (1982). The self in social information processing. In J. Suls. *Psychological Perspectives on the Self. Vol.2,* Hillsdale N. J.: Erlbaum.

Markus, H. & Wurf, E. (1987). The dynamic self-concept: a social psychological perspective. *Annual Review of Psychology.* **38,** 299-337.

Marsh, H. W. (1990). A multi-dimensional, hierarchical model of self concept: theoretical and empirical justifications. *Educational Psychology Review,* **Vol.2, 2,** 77-172.

Marsh, H. W. (1993). Relations between global and specific domains of self: The importance of individual importance, certainty, and ideals. *Journal of Personality and Social Psychology.* **Vol. 45, 5,** 975-992.

Marsh, H. W., Barnes, J. & Hocevar, D. (1985) Self-other agreement on multidimensional self-concept ratings; Factor analysis and multitrait-multimethod analysis. *Journal of Personality and Social Psychology.* **Vol. 49, 5,** 1360-1377.

C. McLean. (1979). *The Wolf Children.* Harmondsworth: Penguin.

G. H. Mead. (1934). *Mind, Self and Society.* Chicago: University of Chicago Press

Mechanic, D. (1974). Discussion of research programs on relationships between stressful life events and episodes of physical illness. In B. S. Dohrenwend & B. P. Dohrenwend. (Eds.), *Stressful Life Events.* New York: Wiley.

Oates, K. (1994). Suicide in the Highlands. *Highland Health Board,* Inverness.

U. Neisser (1976). *Cognition and Reality.* San Francisco: Freeman.

O'Neil, J. M., Helms, B. J., Gable, R. K., David, L. & Wrightsman, L. S. (1986).Gender-role conflict scale; College men's fear of femininity. *Sex Roles,* **14,** 335-350.

Nisbett, R. E. & Wilson, T. D. (1977). Telling more than we con know: Verbal reports on mental processes. *Psychological Review,* **Vol. 84, 3,** 231-259.

Pelham, B. W. & Swann, W. B. (1989). From self-conceptions to self-worth: On the sources and structure of global self-esteem. *Journal of Personality and Social Psychology,* **57,** 672-680.

Pirkis, J. & Burgess, P. (1998). Suicide and recency of health care contacts. A systematic review. *British Journal of Psychiatry,* **173,** 462-474.

Power, M. J. (1991). Depression: the role of self-concept. *Analise Psicologica,* **IX,** 33-41.

Pushkin, I. & Veness, T. (1973). The development of racial awareness and prejudice in children. In P. Watson. (Ed.). *Psychology and Race.* Chicago: Aldine.

Rabinowitz, J., Gross, R. & Feldman, D. (1999) Correlates of a perceived need for mental health assistance and differences between those who do and do not seek help. *Social Psychiatry and Psychiatric Epidemiology* **34,** 141-146.

Robbins, L. N., Locke, B. Z. & Regier, D. A. (1991). An overview of psychiatric disorders in America. In L. N. Rogers & D. A. Regier. (Eds) *Psychiatric disorders in America: The Epidemiologic Catchment Area Study.* New York: Free Press.

Rogers, C. R. (1959). A theory of therapy, personality, and interpersonal relationships. In S. Koch. (Ed.). *Psychology: A study of a science.* Vol. 3. New York: McGraw-Hill.

Rummelhart, D. E. & Norman, D. (1978). Accretion, tuning and restructuring: Three modes of learning. In J. Cotton. & R. Klansky. *Semantic factors in Cognition.* Hillsdale, NJ: Erlbaum.

Segal, D. R., Segal, M. W. & Knoke, D. (1970). Status inconsistency and self-evaluation. *Sociometry,* **33,** 347-357.

Sharma, S. (1971). Self-acceptance and academic achievement – a review of research. *Indian Educational Review,* **6,** 118-125.

Sharpe, M. J. & Heppner, P. P. (1991). Gender role, gender-role conflict, and psychological well-being in men. *Journal of Counseling Psychology,* **38,** 323-330.

Showers, C. (1992a). Compartmentalisation of positive and negative self knowledge: keeping bad apples out of the bunch. *Journal of Personality and Social Psychology,* **Vol. 62, 6,** 1036-1049.

Showers, C. (1992b). Evaluatively integrative thinking about characteristics of the self. *Personality and Social Psychology Bulletin,* **18,** 719-729.

Shranger, J. S. & Shoeneman, T. J. (1979). Symbolic interactionist view of the self concept: Through the looking glass darkly. *Psychological Bulletin,* **Vol 86, 3,** 549-573.

Snyder, M. (1974). Self-monitoring of expressive behaviour. *Journal of Personality and social Psychology,* **Vol. 30, 4,** 326-537.

Stark, C. & Matthewson, F. (2000). Suicide and attempted suicide in the Highlands 1997- 98. *Highland Health Board.*

Stein, K. F. (1994). Complexity of the self schema and responses to disconfirming feedback. *Cognitive Therapy and Research,* **Vol. 18, 2,** 161-178.

Swann, W. B. (1985). The self as architect of social reality. In B. R. Schlenker. *The Self and Social Life.* New York: McGraw-Hill

Tesser, A. & Campbell, J. (1984). Friendship choice and performance: Self evaluation maintenance in children. *Journal of Personality and Social Psychology,* **46,** 561-574.

Tudiver, F. & Talbot, Y. (1999). Why don't men seek help? Family physician's perspectives on help seeking behaviour in men. *Journal of Family Practice,* **48,** 47-52.

Turner, R. H. (1975). Is there a quest for identity? *Sociological Quarterly.* **16,** 148-161.

Vispoel, W. P. & Forte Fast, E. E. (2000). Response biases and their relation to sex differences in multiple domains of self-concept. *Applied Measurement in Education,* **13, 1**, 79-97.

Watkins, D., Adair, J., Akande, A., Gerong, A., McInery, D., Sunar, D., Watson, S., Wen, Q. F. & Wondimu, H. (1998). Individualism – collectivism, gender and the self-concept: a nine culture investigation. *Psychologia,* **41,** 259-271.

R. C. Wylie. (1979). *The Self-Concept.* Vol. 2. Lincoln/London: University of Nebraska Press.

Zajonc, R. B. (1960). The process of cognitive tuning in communication. *Journal of Abnormal and Social Psychology,* **61,** 159-167.

Appendix 1

CLINICAL OUTCOMES in ROUTINE EVALUATION

OUTCOME MEASURE

Site ID

letters only | numbers only

Client ID

Therapist ID | numbers only | numbers only

Sub codes

Date form given (D D / M M / Y Y Y Y)

Age

Male

Female

Stage Completed

S Screening
R Referral
A Assessment
F First Therapy Session
P Pre-therapy (unspecified)
D During Therapy
L Last therapy session
X Follow up 1
Y Follow up 2

Stage

Episode

IMPORTANT - PLEASE READ THIS FIRST

This form has 34 statements about how you have been OVER THE LAST WEEK.
Please read each statement and think how often you felt that way last week.
Then tick the box which is closest to this.
Please use a dark pen (not pencil) and tick clearly within the boxes.

Over the last week	Not at all	Only Occasionally	Sometimes	Often	Most or all the time	OFFICE USE ONLY
I have felt terribly alone and isolated	0	1	2	3	4	F
2 I have felt tense, anxious or nervous	0	1	2	3	4	P
3 I have felt I have someone to turn to for support when needed	4	3	2	1	0	F
4 I have felt O.K. about myself	4	3	2	1	0	W
5 I have felt totally lacking in energy and enthusiasm	0	1	2	3	4	P
6 I have been physically violent to others	0	1	2	3	4	R
7 I have felt able to cope when things go wrong	4	3	2	1	0	F
8 I have been troubled by aches, pains or other physical problems	0	1	2	3	4	P
I have thought of hurting myself	0	1	2	3	4	R
10 Talking to people has felt too much for me	0	1	2	3	4	F
11 Tension and anxiety have prevented me doing important things	0	1	2	3	4	P
12 I have been happy with the things I have done.	4	3	2	1	0	F
13 I have been disturbed by unwanted thoughts and feelings	0	1	2	3	4	P
14 I have felt like crying	0	1	2	3	4	W

Please turn over

Over the last week

	Not at all	Only Occasionally	Sometimes	Often	Most or all the time	OFFICE USE ONLY
have felt panic or terror	0	1	2	3	4	P
made plans to end my life	0	1	2	3	4	R
have felt overwhelmed by my problems	0	1	2	3	4	W
have had difficulty getting to sleep or staying asleep	0	1	2	3	4	P
have felt warmth or affection for someone	4	3	2	1	0	F
My problems have been impossible to put to one side	0	1	2	3	4	P
have been able to do most things I needed to	4	3	2	1	0	F
have threatened or intimidated another person	0	1	2	3	4	R
have felt despairing or hopeless	0	1	2	3	4	P
have thought it would be better if I were dead	0	1	2	3	4	R
have felt criticised by other people	0	1	2	3	4	F
have thought I have no friends		0	1	2	3	4
have felt unhappy	0	1	2	3	4	P
Unwanted images or memories have been distressing me	0	1	2	3	4	P
have been irritable when with other people	0	1	2	3	4	F
have thought I am to blame for my problems and difficulties	0	1	2	3	4	P
have felt optimistic about my future	4	3	2	1	0	W
have achieved the things I wanted to	4	3	2	1	0	F
have felt humiliated or shamed by other people	0	1	2	3	4	F
have hurt myself physically or taken dangerous risks with my health	0	1	2	3	4	R

THANK YOU FOR YOUR TIME IN COMPLETING THIS QUESTIONNAIRE

Scores

Scores
e for each dimension divided by
items completed in that dimension)

(W)	(P)	(F)	(R)	All items	All minus R

Appendix 2

Help Seeking Questionnaire: Serial No: Age:

Here are some things that people do when they are going through a personal difficulty, emotional problem, or trouble. If you had a problem like that, which of the following would you tend to do?

1. Keep busy	yes	no	dk
2. Watch T. V	yes	no	dk
3. Go out	yes	no	dk
4. Active exercise	yes	no	dk
5. Relaxation exercises	yes	no	dk
6. Think about ways of overcoming the problem	yes	no	dk
7. Try not to worry	yes	no	dk
8. Pray	yes	no	dk
9. Drink more tea or coffee	yes	no	dk
10. Eat more	yes	no	dk
11. Eat less	yes	no	dk
12. Alcoholic drink	yes	no	dk
13. Smoke more	yes	no	dk
14. Get pills	yes	no	dk
15. Sleep	yes	no	dk
16. Ignore it	yes	no	dk

If you had a personal difficulty or emotional problem, who would you tend to talk to about it?

1. Partner	yes	no	dk
2. Close relative	yes	no	dk
3. Other relative	yes	no	dk

please turn over leaf

4. Friend/neighbour	yes	no	dk
5. Workmate	yes	no	dk
6. Shopworker/barworker	yes	no	dk
7. Family doctor	yes	no	dk
8. Psychologist	yes	no	dk
9. Other mental health worker	yes	no	dk
10. Self help group	yes	no	dk
11. Priest	yes	no	dk

Appendix 3

Shower's Measure of Self Concept.

Forty sort cards each with one adjective printed on each will be presented to the subject with the accompanying grid. The subjects will be asked to select a group of traits from the sort cards to describe themselves in a pre-agreed aspect of their lives.

1. Interested
2. Intelligent
3. Outgoing
4. Capable
5. Happy
6. Fun and Entertaining
7. Confident
8. Comfortable
9. Loveable
10. Needed
11. Successful
12. Giving
13. Organised
14. Communicative
15. Hard working
16. Mature
17. Friendly
18. Energetic
19. Optimistic
20. Independent
21. Tense
22. Weary
23. Isolated
24. Disorganised
25. Not the real me
26. Lazy
27. Immature
28. Indecisive
29. Irritable
30. Worthless
31. Hopeless
32. Insecure
33. Disagreeing
34. Inferior
35. Incompetent
36. Self Centred
37. Unloved
38. Uncomfortable
39. Like a failure
40. Sad and blue

Appendix 4

Appendix 5

Please indicate by circling one of the numbers below how a) important this aspect is to you, and b) how positive you find this aspect.

1. 0 1 2 3 4 5 6
not important extremely important

0 1 2 3 4 5 6
very negative very positive

2. 0 1 2 3 4 5 6
not important extremely important

0 1 2 3 4 5 6
very negative very positive

3. 0 1 2 3 4 5 6
not important extremely important

0 1 2 3 4 5 6
very negative very positive

4. 0 1 2 3 4 5 6
not important extremely important

0 1 2 3 4 5 6
very negative very positive

5. 0 1 2 3 4 5 6
not important extremely important

0 1 2 3 4 5 6
very negative very positive

6. 0 1 2 3 4 5 6
not important extremely important

0 1 2 3 4 5 6
very negative very positive

7. 0 1 2 3 4 5 6
not important extremely important

0 1 2 3 4 5 6
very negative very positive

8. 0 1 2 3 4 5 6
not important extremely important

0 1 2 3 4 5 6
very negative very positive

9. 0 1 2 3 4 5 6
not important extremely important

0 1 2 3 4 5 6
very negative very positive

10. 0 1 2 3 4 5 6
not important extremely important

0 1 2 3 4 5 6
very negative very positive

Appendix 6

HIGHLAND
HEALTH BOARD
WORKING TO IMPROVE HEALTH

ETHICS COMMITTEE

Chairman : Dr John Macdonald

27 January 2000

Ms L J Scott-Lodge
Clinical Psychologist in Training
Department of Clinical Psychology
Highland Primary Care NHS Trust
Staff Residences
Craig Dunain Hospital
Inverness

Dear Ms Scott-Lodge

Ethics Committee Project 99/1/10
Attitudes towards seeking help for psychological distress, and its relation to self concept in adult males. A doctoral thesis

Thank you for submitting this project to the Highland Health Board Ethics Committee. The Committee read it with great interest. We do not feel able to approve it in its current form for reasons which I have outlined below. We felt it would be quite possible to alter it, however, and we would be happy to consider a re-submission.

The main concern we had was about the appropriateness of the group of subjects. I will return to this later, but there are a few other points which we wanted to raise with you. We thought the project related well to item i) under Section 12 but we were less clear on how your study would address item ii). We wondered if the text under 12ii) was left over from an earlier version of the study? We were unsure about the factual accuracy of two statements on the background of the project. You felt that most people who killed themselves had a mental illness and quoted Foster to support this. You may be aware that there are a number of other papers which suggest that the proportion of people with significant mental illness is considerably less and in previous cohorts of people who have died by suicide may in fact lie between 30% and 45%. We appreciate there are a range of different estimates of this. In fact, this probably does not weaken your study as you are dealing with help-seeking behaviour rather than illness per se. You also said that social factors were less significant. We were unable to agree with this given the important influence of deprivation and unemployment. We feel this might be particularly important in your selection of a group of subjects.

Highland Health Board Ethics Committee
Highland Health Board, Beechwood Park, Inverness, IV2 3HG.
Tel: 01463 - 717123 (Direct Dial 01463 - 704844)
Fax : 01463 235189

The main concern of the members of the Ethics Committee, however, was around the selection of subjects. Two of the people attending the Ethics Committee were staff members at Raigmore Hospital. They felt strongly that the group of people you propose to survey would be unlikely to help you to achieve your aims. They pointed out that people attending Accident and Emergency are a very heterogeneous group. They include young men with sports injuries, people with occupational related injuries as well as many other groups including, of course, the intoxicated group you identify. There was a general feeling that this group might be of particular interest to you and that it was unfortunate that your method would mean that you were not able to interview them. We also wondered at the age range you proposed given the topic of your thesis. It could be that you wanted the older age ranges in order to provide comparisons but we were not clear on this from your current submission. On a related note, the Committee thought it was unfortunate that you were not proposing to collect any demographic details on the people surveyed as, again, these would surely be of relevance to current hypotheses on suicide. The other matter raised was that the consent form, as presently worded, does not let people know that, if they score high on the relevant tests, they will be offered the option of being referred on for further assessment and possible treatment.

The Committee was unanimously supportive of your general thesis and would like to see the work go ahead. Our main suggestion is that you rethink your method of obtaining subjects, as we do not believe the current method would allow you to address the stated aim of the study. This would therefore be unethical as it would ask people to participate in a study which would not be likely to have the planned benefits. We suggest you consider a population sample, for example through a GP list or some other method such as sampling via the electoral role. The other issues are not ethical matters, but we would suggest considering collecting demographic information on the individuals surveyed and considering whether your current design would allow you to meet the second of your aims.

We realise you will be disappointed, but we hope you will find these comments reasonably constructive. And as I mentioned above we will be pleased to consider a resubmission.

Yours sincerely

pp Dr Cameron Stark
Consultant in Public Health

Highland Health Board Ethics Committee
Highland Health Board, Beechwood Park, Inverness, IV2 3HG.
Tel: 01463 - 717123 (Direct Dial 01463 - 704844)
Fax : 01463 235189

HIGHLAND HEALTH BOARD
WORKING TO IMPROVE HEALTH

Dr E ric Baijal, Director of Public Health

Tel No: (01463) 704992 Direct Dial
Fax No: (01463) 717666
e-mail : reception@ms.highland-hb.scot.nhs.uk

Your Ref:
Our Ref: CRS/CS/

14 April 2000

Ms L J Scott-Lodge
Clinical Psychologist in Training
Dept of Clinical Psychology
Highland Primary Care NHS Trust
Staff Residences
Craig Dunain Hospital
INVERNESS

Dear Ms Scott-Lodge

PROPOSED PROJECT ON SUICIDE

We noted at the last Ethics Committee that you had not yet decided to re-submit your proposal. There was some concern about this, because people had not intended to put you off by the comments on your original draft. I think, personally, that it would be a great shame if you abandoned your project all together. If you would like to have a chat about your project, or if there is anything I or anyone else on the Ethics Committee might do to support you in thinking through the relevant issues, please do not hesitate to get in touch.

Kind regards.

Yours sincerely

Dr Cameron Stark
Consultant in Public Health Medicine

cc Miss Irene Robertson

HIGHLAND HEALTH BOARD

WORKING TO IMPROVE HEALTH

ETHICS COMMITTEE

Chairman: Dr John Macdonald

17 May 2000

Miss L J Scott-Lodge
Clinical Psychologist in Training
Department of Clinical Psychology
Highland Primary Care NHS Trust
Staff Residence
Craig Dunain Hospital
Inverness

Dear Miss Scott-Lodge

Ethics Committee Project 99/1/10
Attitudes towards seeking help for psychological distress, and its relation to self concept in adult males: A doctoral thesis

Thank you for your recent correspondence. We have discussed this at an Ethics Sub Committee meeting and we are happy for you to proceed on the basis you outline. It would be helpful for the Committee if you could send us your revised protocol in due course.

Finally may I remind you that any amendments should be forwarded to us for further approval and we should also be notified of any adverse or unforeseen developments.

Yours sincerely

J. Robertson

pp John Macdonald
Chairman

Assynt House, Beechwood Park - Inverness IV2 3HG ·
Tel (01463) 717123 or 704844 (direct line) · Fax (01463) 235189

www.highlandhealth.org.uk

Appendix 7

APPENDIX 7 Additional table to section 3.3

Comparison of means between upper and lower groups in terms of help-seeking strategies.

Variable		Means	SD	t	P
Total cope	Group1	6.09	1.44	-1.165	0.255
	Group 2	6.81	1.76		
Core total	Group 1	24.72	17.01	0.245	0.830
	Group 2	23.50	8.98		
Prop –ve	Group 1	0.32	0.10	0.713	0.483
	Group 2	0.29	0.12		
Ave +ve/-ve	Group 1	3.71	2.09	-0.809	0.426
	Group 2	4.41	2.40		
Diff Imp	Group 1	0.62	0.25	0.866	0.395
	Group 2	0.53	0.30		
Phi	Group 1	0.53	0.20	-0.085	0.933
	Group 2	0.54	0.15		

The total core score did not have equality of variances, and the figures do not assume this. Group 1 comprised 11 subjects, Group2 comprised 16 subjects.

Appendix 8

APPENDIX 8 Additional table to section 3.4

Comparison of means between extreme groups in terms of coping strategies

Variable		Means	S D	t	P
Help total	Group1	2.38	1.30	-0.738	0.474
	Group 4	2.86	1.22		
Core total	Group 1	23.5	1.30	-0.070	0.946
	Group 4	23.0	1.22		
Prop –ve	Group 1	0.296	0.10	0.385	0.706
	Group 4	0.277	0.09		
Ave +ve/-ve	Group 1	4.30	2.27	-0.458	0.654
	Group 4	4.80	1.59		
Phi	Group 1	0.602	0.18	1.229	0.241
	Group 4	0.505	0.11		
Diff Imp	Group 1	0.49	0.294	-1.196	0.253
	Group 4	0.66	0.255		

Levene's test for equality of variances showed no significant differences in variance between groups on any of the variables. Group 1 comprised 7 subjects, and group 4 had 8 subjects.

Appendix 9

Highland primary care nhs trust

AREA CLINICAL PSYCHOLOGY DEPARTMENT

STAFF RESIDENCES
BY CRAIG DUNAIN HOSPITAL
INVERNESS

Title of Project:
Attitudes towards seeking help for psychological distress, and its relation to self concept in adult males.

Name of Researcher: Loren Scott-Lodge

1. I confirm that I have read and understood the information sheet dated ..... version ..... for the above study and have had the opportunity to ask questions.	**Yes**	**No**
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or rights being in any way affected.	**Yes**	**No**
3. I agree to take part in the above study.	**Yes**	**No**

Name of participant	Date	Signature
---	---	---

Researcher	Date	Signature
---	---	---

Appendix 10

Highland primary care nhs trust

AREA CLINICAL PSYCHOLOGY DEPARTMENT

STAFF RESIDENCES
BY CRAIG DUNAIN HOSPITAL
INVERNESS

DATE: 30.12.99 **VERSION No: 2.**

Research Study Title:

Attitudes towards seeking help for psychological distress, and its relation to self concept in adult males.

i.e. How do men see themselves when they have an emotional or psychological problem: who is likely to turn to others for help, and who suffers in silence?

You are being invited to take part in a research study. Before you decide, it is important for you to understand why the research is being done and what it will involve. Please take the time to read the following information carefully, and discuss it if you wish. Ask us if there is anything that is not clear, or if you would like more information. Take time to decide whether or not you wish to take part.

The purpose of the study:

This study aims to find out more about what men do if they are struggling with a psychological or emotional problem, by asking ordinary men about their views on mental health problems, and what they would do if they were in this hypothetical situation. We want to find out about how men see themselves, and if that is related to how they feel about turning to others for help. We hope that by collecting this information, we will point to ways that mental health services can be made more acceptable and have less stigma for men.

Why have you been asked to take part?

In total, about a hundred men will be asked to take part. The only thing that qualifies you to take part in the study is that you are male, and between 16 and 45.

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep, and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason, and this will not affect your rights.

What will happen?

Your part in the study will take up to 40 minutes. You will be asked to fill in two questionnaires, and select cards to put on a grid. The first questionnaire requires yes/no answers, and is about your views on how best to cope with a psychological problem. The second questionnaire requires yes/no answers, and is about your psychological state at the moment. The grid requires you to choose ten cards from a selection of forty. These ten cards will describe yourself in certain situations of your

choosing. You will be asked to select the cards for ten different situations. After the grid the researcher will answer any questions you may have. Your participation will then be complete.

All information which is collected will be kept strictly confidential. Should the information about your psychological state at the moment indicate that you are currently in psychological distress, you will be offered appropriate help from our services, which you may accept or reject. All the information collected from you will be given a serial number. There will be no identifying information kept with the data. Only the researcher who collects the information will see it.

The research will be published as a doctoral thesis in September/October 2000. If you would like a copy of the results you can write to Loren Scott-Lodge at the department of clinical psychology, (see address above).

Thank you for taking the time to read this. The researcher is available to explain any details if you would like more information. If you would like to take part, please return the opt-in slip to her at the door, and she will arrange to see you at your convenience.

I am interested in participating in the study.

Name:.....

Telephone No.....

Best time to telephone (e.g. evenings only).....

This slip does not constitute consent to participate.

You can contact the researcher at the above address, or at e.mail: